THE OCCASION FLEETING

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By

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LONDON
H. K. LEWIS & Co. LTD
1947



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Preface

SEVERAL of these essays have been published in the *Guy's Hospital Gazette* and some paragraphs of the "Art of the Geriatrician" in the *Practitioner*. My thanks are due to the editors for permission to reprint.

One or two of my personal reminiscences of Sir William Arbuthnot Lane appeared in Mr Tanner's volume.

These pages, although essentially medical, are not altogether *unsuitable* for a layman, if it be understood that I show respect to *all* branches of the medical profession and that my thoughts are serious—not least when proffered with a smile.

To indicate a line of demarcation between the lay and the professional would bring the risks which beset the drawing of any frontier line. There was once an old Quaker who edited a Bible with all those passages *unsuitable* for reading aloud in the family circle printed in italics.

I hope it is neither hackneyed nor presumptuous to quote the first aphorism of *Hippocrates*—"Life is short, and the Art long; the occasion fleeting, *experience* fallacious, and judgement difficult." Nor that it will be considered flippant to suggest that a medical life is comparable to fielding in the slips at cricket. One must take the chances as they come, but no one can expect to catch them all.

Please to remember this is talk; just as easy and just as formal as I choose to make it

The *Autocrat of the Breakfast Table*

As no one, who knows what he is about in good company, would venture to talk all—so no author, who understands the just boundaries of decorum and good breeding, would presume to think all The truest respect which you can pay to the reader's understanding, is to halve this matter amicably, and leave him something to imagine, in his turn, as well as yourself

Tristram Shandy

Made and Printed in Great Britain

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Introduction

ONE who has enjoyed practising in and around hospital medical wards for more than forty years should know something about some things, but he cannot be sure that it is worth the telling We know that "experience is fallacious and judgment difficult", but if, from the famous aphorism, I may be allowed to extract the words, "The Occasion Fleeting," it permits me to discuss the spirit of these years, which concerns a period of time which covers the life of about one and a half generations in the long art of medicine

It is easy to recall the wards as I first knew them in 1899 or one could draw the changed picture of to-day It is more difficult to describe the alterations in the order in which they came. It would be unwise to fall into the errors of all prophets by looking to the future. Nor would one wish to prate about some present-day custom which might seem to me to be of doubtful value. Where such thoughts may be in evidence they should be accepted as indications of the changing times It is possible to take pride in the progress of medicine and at the same time to extol some virtue of the past. If we know more than our fathers did, we may be wiser, but it does not follow From amongst the pitfalls of my experience, if some thought of value should survive, perhaps it may germinate in someone else's mind.

* * * * *

"All opinions properly so called are stages on the way to truth." Where I am wrong let me apologise beforehand If I may be right about things which seem to be obvious, I would quote Robert Louis Stevenson again—"Truth is difficult to state, but it is both easy and agreeable to receive, and the mind runs out to meet it ere the phrase be done."

* * * * *

Of these first forty-five years of the twentieth century one would speak in the way that Kipling puts it—"Tell them first

of those things which thou hast seen and they have seen together. Thus their knowledge will piece out thy imperfections"

* * * * *

I remember, on a Hellenic cruise, attending a lecture about which a friend of mine was rather critical—he thought the lecturer enjoyed his job Now I think to enjoy what one is doing is all to the good There was no obligation to attend the lecture One has tried to practise ordinary orthodox medicine in an ordinary way, but sometimes one has enjoyed looking at things from a different angle—as it might be even, occasionally, *Through the Looking-Glass*

"I thought," said Alice, "I'd try and find my way to the top of that hill"

"When you say 'hill'," the Queen interrupted, "I could show you hills, in comparison with which you'd call that a valley"

"No I shouldn't," said Alice, "a hill can't be a valley, you know That would be nonsense"

"You may call it 'nonsense' if you like," said the Queen, "but I've heard nonsense, compared with which that would be as sensible as a dictionary!"

* * * * *

The *Autocrat of the Breakfast-Table* says "Please to remember this is talk, just as easy and just as formal as I choose to make it" And a little later on adds "Yes, you say, but who wants to hear fanciful people's nonsense? Put the facts to it and then see where it is"

These facts are just the trouble, they have no soul The best of them may soon lie mouldering in the grave, while science goes marching on It is only in fiction that one may catch the whole truth of the spirit at the outset, as for example in the first sentence of *Pride and Prejudice* or of *The Vicar of Wakefield*

* * * * *

Samuel Pepys put down his thoughts in cipher for his own amusement. I could do that At least one could then claim, that if

this met another mind it must be one with a medical training. It was the *Autocrat of the Breakfast-Table* who pointed out that, when conversation took place between two persons, there were six personalities. For each there was the real man, the man he thought himself to be and what to the other he seemed. If my reminiscent thoughts have meaning, they are couched in such spirit that they might be false, without medical interpretation.

* * * * *

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In subscribing to the Hippocratic oath we promise that [illegible] ber , because I should like to think, not only of my first teachers in a medical school, but of my colleagues later, and of almost all the doctors and hospital sisters with whom it has been my privilege to work. They must accept me as their pupil. The individual responsibility, spread out among so many, is not considerable should anyone care to assess the credit and the blame.

The Pre-Clinical Years

> The first thing to avoid is making up your mind what to do before the ball has left the bowler's hand The fault of judging the ball before it is bowled is very common among young players.
>
> *The Jubilee Book of Cricket*
> K. S Ranjitsinhji

What period of years, I wonder, would have been the best in which to play a life's innings of four score years less five?

There is much to be said for my father's time, which came a little bit before 1850, and ended a year or two after the first World War was over Perhaps one should add, however, that this may apply chiefly to those who have been called the privileged classes Life was not dull and humdrum in Queen Victoria's reign There was adventure and excitement in plenty It is true that women had a secondary position, unless they were mothers, or were helping to bring up children, but if engaged in these callings they were right at the top and their place in life was secure

A boy knew where to find his mother She was presiding at home, without being a drudge She had time to think. She looked on at so much of the game that she saw far more—with clear vision too—than did the men-folk, who seemed so important The wise rules she made helped to keep husbands and sons out of mischief Often enough they failed her, but she kept her place at the centre of things, and very rarely let the side down

I, and my contemporaries who left school between those two Jubilee Years of 1887 and 1897, certainly seemed to enter a world which was essentially secure Britannia ruled the waves without dispute, and the expression as "safe as the Bank of England" was more than a figure of speech We had been taught that, if we had received certain privileges in our youth, perhaps one day we must repay the debt by giving back something to

he community, but there was no prospect or thought of mmediate service for Queen or Country. Our first duty was o prepare ourselves to cut some slice of success out of life, which would make us independent of, and would satisfy, our parents

I do not think we held much of Wordsworth's philosophy, that the "shades of the prison-house begin to close upon the growing boy." If we had lost the taste for playing at Red Indians, or making a turnip-lantern to carry on dark nights, I believe the healthy-minded youth thought that life was opening out. We looked forward to hard work, although we must pretend that we did not like it. There is nothing unusual in this attitude of mind. Ian Hay draws attention to it in *The Lighter Side of School Life* and Sir James Paget tells us that when he entered St. Bartholomew's Hospital in 1834, "he began at once to work steadily, though often pretending to be rather idle." With us I think this pose came from some instinct which told us, what we found later in print when we read Stevenson's *Apology for Idlers*, that "books are good enough in their own way, but they are mighty bloodless substitutes for life." These are some of my ideas about the spirit of the Nineties. Why they have been called "Naughty" I cannot say Probably because there is an N in both.

My great-grandfather had been a doctor My grandfather, who was a Quaker, thought a doctor's life would be a healthy one for me He said "Thou wilt ride round to thy patients on horseback." My aunts asked me if I should practise as a Homoeopath or an Allopath. I remember the house of some cousins where there was a little chest full of little medicines, where there was an aunt who gleaned a little knowledge of a sort from a big book, and where little folks were dosed with little pills supposed to contain nux vomica or belladonna or aconite. Perhaps they did contain these drugs to some very distant decimal point. The children grew up and prospered I heard, later, that the homoeopathic doctor received fifteen shillings for a visit, which I think was good money No doubt he prospered, but by the time I had studied morbid anatomy, and the aetiology of disease, it was too late to ask him whether he really believed

in his doctrine—*Similia Similibus Curentur* One cannot help feeling that the Homoeopaths deserved a good run for their money, because of their gigantic bluff, in coining the name of Allopaths for all the other members of the medical profession I am inclined to think it was a unique achievement

In our house during my childhood we were more orthodox Our doctor, in a country suburb, walked his round in top hat and morning coat until he made a prosperous marriage and set up a dog-cart The high bicycle of the eighties was unsuitable for the medical profession Occasionally some odd doctor would use a tricycle, but it looked queer, and I fancy such doctors were queer In the nineties the modern bicycle was available for special visits, or for regular use, until the doctor could keep his carriage The motor car did not come into general use for doctors till about 1908 Its universal adoption was not so much because it would go fast and far, but because it would stand still

In the days before I went to school you could not telephone for the doctor It was quite an adventure for a small boy to get on his high bicycle—high for him and of the "high" type no one called it a penny-farthing in the days when we rode one —and peddle away for a little over a mile, where the road crossed a stream, and he went right out of Yorkshire and into Derbyshire, rather like Alice in *Through the Looking-Glass* getting into another square Then one came to the doctor's door-plate, as big as a window pane, and inscribed "Physician and Surgeon" Perhaps, later on, there would be some medicine to fetch, and once I saw him making it up He poured small quantities of different-coloured liquids into a glass, holding it up to his eye, tipped this into a bottle, which he filled up with water, saying with a twinkle, "That's where the profit comes in" But I knew He was only making conversation He was a bigger man than his medicines, and not just a chemist A boy had to know his job to ride home with a bottle of medicine on a high bicycle with solid tyres and no spring to the saddle The roads were mostly ruts, with many loose stones If you hit one of these stones you went over the handles on to your head—like the White Knight It was quite an adventurous outing for a free-

born Briton, but one felt somehow that the doctor had not got much freedom There was a red lamp over his door—you could see it burning when you came home in the dark from a party—and if someone went for him at night, it seemed he had to come.

This is no place for an essay on freedom, although it is not a bad thing to be tied to some work. Sometimes, however, when a family doctor is earning his living, when he tackles something to the best of his ability on an occasion when he thought he was quite tired out, he wishes the question of fee could be raised at the time, so that he could say that he will not put a price on a pearl like that, but would rather give it And then, some time or another, he gets a letter of grateful thanks from the relatives of the patient, for whom he feels he did little The score is levelled up—the swings and the roundabouts—but it would have been rather nice to have refused to price a particular service, and this is one of the privileges of the honorary staff to a hospital

The medical profession must live, but the work comes first Here is an illustration albeit, in fact, an inverted one because the fee came first, and of later date than those events I have been discussing A medical man I knew in Norfolk was called up at two o'clock one morning by a young man who enquired what the fee was for going to a village a few miles away The reply was half a guinea. They set off together in the doctor's car and arrived at a certain house where the young man got out, handed the doctor ten and sixpence, with the remark, that he never *walked if he could ride* It seemed he was a belated reveller I have wondered sometimes what sort of case this reveller would have invented, if the doctor had not proved such easy money

Now odd recollections of one's childhood (to return to that theme) are of no particular concern in relation to clinical medicine, except in so far as early memories have some bearing on one's insight into what the lay public may be thinking of us. In the nursery the doctor may appear to be an infallible curer of disease His medicines work wonderful cures There is a certain degree of matter-of-fact cleverness, later in life, that finds him out as an impostor—poor doctor, he did not mean to deceive,

in his doctrine—*Similia Similibus Curentur* One cannot help feeling that the Homoeopaths deserved a good run for their money, because of their gigantic bluff, in coining the name of Allopaths for all the other members of the medical profession I am inclined to think it was a unique achievement

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caption underneath, "Who would be a doctor?" In spite of the famous Dr. W. G. Grace, it was plain enough that doctoring dished one's cricket; except perhaps on the village green, in the sort of game where six runs for a lost ball in some long grass, only a few yards beyond the square-leg umpire, might decide the match.

It is interesting to look back on a room full of youths who had recently registered as medical students. Many of us did not quite know why, except that a business office life had few attractions. There was present a South American engineering student, who was licensed to express his thoughts, however crude. He went round the room, selecting one or two who would make [illegible]

and seem like a doctor; although there are exceptions.

Some good doctors have been recruited from Kipling's "muddied oafs at the goals." Although I think their higher education may be neglected. If they "dribble down the middle and the wiley backs they diddle," it may seem to the spectators that they do feel "intensely grand", so that when a party is made up, for example, to hear the Choral Symphony, the football players may be left out, on the assumption that their souls will rise no higher than Gilbert and Sullivan. In modern days, with the best music within the reach of any armchair, one need not go to the concert hall to test musical appreciation; perhaps some other illustration should be chosen; but I think there is some point in my idea.

There is quite a lot to be learned from playing games—particularly, I think, from cricket. What an event, to open the innings in an important match, and to be run out before receiving a ball. It seems like a misfortune, but Marcus Aurelius says, "Let accidents happen to those who are liable to the impression—as for me it is within my power to think it no accident, if I have a mind to." I am not suggesting that he would say that his fellow batsman had run him out on purpose; although I have heard that statement made in the heat of the moment. I am trying to point the moral, that those who play games may learn

and he found himself out long ago—and behold the disillusioned one may go chasing false philosophies

In due time the London Matric had been passed, but one could not frame the certificate There was a long uncertain pilgrimage ahead, with sloughs and lions by the way I thought, then, that some goal would be reached when one passed a final examination If one is still travelling the same road, with less confidence that there be any goal at all, one has learned not to despond in sloughs, and that most of the lions are stuffed ones, quite harmless to those who know that "the true success is to labour"

There is a good problem picture in *Punch* A railway terminus, an express-train engine with steam up, and the driver leaning towards a distinguished-looking gentleman on the platform clothed in the costume of a business magnate, who says to the engine driver—"By the way, I always meant to ask one of you fellows what did *you* wish to be when you were a small boy?" As likely as not the answer should have been centre forward for Blackburn Rovers But he looked quite happy in his engine Some people have found a doctor's life less agreeable than its prospect seemed Some children have expressed the wish to be a doctor, and been held to it, by the force of family tradition that it was a call, long after they wished to turn to something else And some have registered as medical students and come a cropper, which put them out of the race, at one of the early hurdles

The small boys with whom I played knew that it was all nonsense about being an engine driver, although the grown-ups had expected that answer in our nursery days At school we did not concern ourselves over-much about the future because there were so many important interests for the present We knew, however, about the red lamp over the doctor's door at night, we knew there was a speaking-tube with a whistle by his bed, we had seen him called away from a cricket match on a Saturday afternoon before he had been in to bat, we had some cards, with which we played the game of 'Happy Families," which depicted Mr Dose the Doctor in a short night-shirt with bare legs and a candle in his hand, so that we quite agreed with the

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fellow [illegible] although I have heard that statement made in the heat of the moment. I am trying to point the moral, that those who play games may learn

some useful incidental lessons, but it behoves them to remember that much of their dexterity comes from bulbar and spinal centres, and they may have grey matter, higher up, which is even more fun to exercise

Looking back I remember how many people began to talk medical "shop" as soon as one was registered as a medical student My grandfather, who was a banker, told me that tobacco smoking could not be the cause of cancer, because the disease was commoner in women I need hardly say that women did not smoke, except occasionally at a picnic, just to keep the flies away and to show their independence An uncle told me that I should make my fortune if I discovered a cure for the common cold A man I met on the cricket field advised me to watch my opportunity to preach the right sermon in season, when I came across some individual who had ruined his health by a vicious life I was brought up in the tradition that boys should be seen and not heard I listened to my elders with due respect, but without much comment I think I knew that the clay pipe, favoured by the working man, was the link between cancer of the tongue and smoking I certainly knew that doctors did not make a fortune out of a discovery My relatives were exposing their ignorance, but one must admit they were up-to-date fifty years ago, in picking out for study cancer and the common cold It may be just as well that they cannot ask me now what I know about the cause of cancer or the cure of the common cold

It is rather remarkable to find how many wise people will lay down the law about medical matters if there is no doctor about Hear what Samuel Johnson has to say at a dinner-party "His notion (Dr Barry) was, that pulsation occasions death by attrition, and that therefore the way to preserve life is to retard pulsation But we know that pulsation is strongest in infants and that we increase in growth while it operates in its regular course, so it cannot be the cause of destruction"

As a matter of fact, I rather like Dr Barry's hypothesis—there is something in it If we do not "retard pulsation" by suitable treatment in a case of thyrotoxicosis, there is some degree of degeneration 'by attrition" In anxiety states something similar may occur Country folk call it whittling,

and sometimes a woman will more or less whittle herself away There are women and men who are so out of condition that their pulsations are unduly quickened throughout their daily duties These people do not wear well Unless their pulsations are retarded, their expectation of life is less than the average, on account of attrition. This digression, however, is entirely beside the point at issue Which is—that so wise a man as Dr Johnson should talk at dinner as if he were a doctor of medicine, and such an artist as James Boswell at bringing out the old man's wisdom should think this worth recording

In the so-called preliminary scientific subjects, I and my companions learned enough to pass—usually in the second division In that glorious summer of 1897, it seemed quite reasonable to make a thousand runs It was five years later, at the end of the South African War, that we heard of "flannelled fools at the wicket" We should not have grudged "a year of service to the lordliest life on earth" We lived in a fool's paradise—nobody told us, except Rudyard Kipling and Lord Roberts. The schoolmaster said "Stand up to it and play with a straight bat" Andra Kirkaldy at St Andrews was saying "Keep your mind's eye on the ball." What did it matter whether or not The Duke had really said that the battle of Waterloo was won on the playing fields at Eton? We had finished with that sort of thing —or so it seemed

And so we came to anatomy and then we took to work. But I cannot help thinking that we spent too much time on every spicule of a bone, with too little thought about the marrow it contained. Perhaps the physiologist should teach anatomy and the anatomist physiology They used to crack jokes about each other in their lectures—I make them a present of this. But I am speaking of more than forty-five years ago No doubt there have been changes

These years were spent in Manchester, at a Quaker Hall of Residence, with one or two old school-fellows, but we were taking the London course and for the clinical work moved up to town The examinations had been scrupulously fair, we had been taught well with numerous trial examinations, and a man knew his chances fairly well

Now, once the clinical years began, by which time we were at Guy's, not only did examinations seem to be a long way off, but we soon picked up the idea that we had begun the study of a lifetime, and that to pass an examination that qualified a man to practise was just to cross an artificial line

Let us finish these stray thoughts about examinations I do not suppose the undergraduates have changed very much The examination time was one of mental exaltation, with periods of depression One can remember striking up an immediate intimacy with a total stranger, whom one has never met again At first it was alarming to hear from him how much one had left out, but gradually one gained the practical experience that these fellows, who could tell us all about the subject, often enough did not appear in the list of those who had passed It was the quiet man, rather disgusted with himself, who was likely to be in the first class The final of the Conjoint was short and sharp It was worth a celebration But the M B was a tedious affair

I think every examiner in medicine ought to remember the story told by the *Autocrat of the Breakfast-Table*, of a man well up in various subjects beginning with A—the Alps and Andes for example—but ignorant of Ben Nevis He knew the geology of anthracite, but not of other varieties of coal He was taking in the new encyclopaedia which was coming out in parts, of which only the first volume was in print

We all know that final examinations are a nuisance They interrupt a man's education, because he has to look up things which begin with a Z, when he has only had time for real study perhaps as far as P and Q I suppose honesty in an oral examination is the best policy in the long run To some question I remember making the response that it concerned a subject which I had rather neglected, and the examiner, with a smile, said perhaps I was leaving it over until I was qualified It distresses me to think that I never knew his name

Of course honesty alone is not enough When we were up for our anatomy "viva," a burly provincial student told us that he had been pressed with questions relating to the human brain until he was compelled to exclaim "I know nowt about it"

From his description of how he handled the desperate situation in which he had found himself, we concluded that one [illegible] who can blame an

[illegible] -d with kindly congratulations because my written examination had met with approval. To be conscious of the fact that one had merely written out pages from a textbook, without real study, and with reason to believe that such knowledge would not remain long in the mind, left a certain degree of shame.

And yet, once in a way, it seems that cramming is not without value Sir James Paget in his *Memoirs* tells us that he saw some of his examination answers forty-five years after they were written and he makes the comment "they showed that I had fairly learned the book—a 'cram' which I should deem shameful, if I had not often had occasion to see that the capacity for 'cram' is a most useful power, essential to the success of many in high station especially Cabinet Ministers and leading barristers"

The examination bugbear is an old story, frequently recurring The student must pass his final, but his worst misfortune is to receive instruction solely with that end in view In the main he should regard the event as a necessary evil but rather good fun He must rise above it If he cannot do this he will probably fail, later in life, to rise above earning a living

The Clinical Years in a Medical School

Get the scent in your nostrils and keep your nose to the ground, and don't worry too much about the end of the chase. The fun of the thing's in the run and not in the finish.

Letters of a Self-made Merchant to his Son G H LORIMER

JUST before the South African War, we began, as the phrase goes, to walk the wards at Guy's Hospital. Did we imagine we were equipped for the work? Everything was strange We had never handled a bandage. We had no knowledge of any branch of pathology. Our anatomy had been very much below the surface; our physiology unapplied, although I believe we knew something about the possibilities of an exaggerated knee-jerk, and could connect glycosuria with the pancreas. It cheered my loneliness to see a house surgeon write Pil. Colocinth et Hyoscyami on a bed-letter—here was something of which I had heard—but he damped my ardour by saying that I must not prescribe a thing like that to a duchess when I went into private practice. What had we been doing up North these last few years? At any rate it was written in *The Jubilee Book of Cricket* that, "In playing any kind of bowling, it is best for a batsman, until he becomes perfectly familiar with it, to play quietly and steadily" and a time might come, when "the thing to do is to forget that there is anything in the world except the ball and the hayfield across the boundary." In a very short time we were keen surgical-ward clerks, with all the fun of the fair and few responsibilities

It was hard to believe that a house surgeon had ever been a clerk. Unless you were tall and distinguished-looking, it was easy to believe that Sister did not expect you would ever be a resident. There were no lifts in those days; the surgical clerks carried the patients up and down stairs; they carried great

buckets of towels soaked in lysol, they were messenger boys There were no ward telephones There were brief notes to record, but there was little or no opportunity for regular study I bought a surgical textbook which began with something about *tumor*, *calor*, and *dolor*; but somehow that depressed me and I got no further It was a time, however, for practical experience and not for study There were dark nights when a ward clerk might hold a paraffin hand-lamp, which was his one chance to see what was going on. We learned one of the arts of doctoring, to be quick without showing hurry In the main we learned by example, nobody told us much—just a hint here and there—and sometimes from a patient. I remember one enthusiastic clerk hurrying into the ward, to the tune of the Cockney comment—'Ah, here comes the industrious apprentice' There was scope for a reasonable amount of human wisdom. I recall one clerk, with little of this gift, sent by a distinguished surgeon from the operating theatre to the ward to say that he was postponing an operation on a patient who was prepared. When the surgeon asked, on the clerk's return, if the ward was disappointed, there came the reply "No, Sir, it was just what they expected."

Who can forget his first "Take-in," with the first Saturday night in the Front Surgery? It was a world apart. I remember a nice old boy, with a bald head, who had fallen—more or less in his cups—and sustained a long scalp wound. He was being stitched up by a dresser, under the supervision of a house surgeon. As the first stitch went in he woke up a little and said, "Of course Guy's Orspital is a very fine Orspital, I know it well," and he fell asleep again. With the second stitch he said, "And there are some very good doctors—I knows 'em." By this time he was awake and concluded, "But what I want to know is this —What would Guy's Orspital be without the patients? "

This old man was not the first to express the thought; Joseph Warner, surgeon to the hospital, had written in 1754, 'that a hospital is not only an instrument of relief to the distressed who are immediately helped there, but also a means of helping others, by furnishing such principles and practice as may improve the art of surgery, and thus render the benefit more general.'

I believe this post of surgical ward clerk was something special to Guy's I can only say that the traditions and example of those house surgeons, and dressers, for whom I more or less fagged, were beyond praise as an introduction to clinical work Perhaps I have done the ward sisters an injustice, ward clerks must be kept in their places, but amongst ourselves, at the end of three months' surgical-ward clerk, we had a fairly good idea as to who would make a resident in the future

Now in the medical wards we returned to more regular studies There was, to read, *The Principles and Practice of Medicine* by William Osler There were mornings with the medical registrar and afternoons with a physician We studied what we saw in the wards For the time being that was our whole duty It was easy to find contentment When Osler's volume, *Aequanimitas,* was published a few years later we could understand the wisdom of his maxim "Put away first of all ambition, except to do the day's work as well as you can"

Of all those other posts one holds as student, or resident, there are a few outstanding features In my day, one could dress for a surgeon with the most scrupulously aseptic technique, or for another who played on the wound with an antiseptic carbolic spray Some surgical wounds healed by first intention, and in others a stitch must be removed, to let out, what some of the elderly called, a little "laudable pus"

Our most brilliant surgeon led the field in aseptic technique, and in the gift of originality If the earnest student asked if he were going to perform some operation which carried a famous name, he would respond, "Oh, we will just do what we think best, won't we"

The surgeon for whom I dressed lined us up for a welcome, and said "You boys have been over in the medical wards to learn what diseases there are, and now you have come to the surgical side to see which of them can be cured" By one of those strange chances in life, I remembered this twenty years later, when writing up the life history of the Renal Dwarf Because I looked back in the journals for evidence about late-rickets, and came across a paper published by this particular surgeon in 1883, recording five cases of late-rickets in associ-

ation with albuminuria. He made the understandable mistake of thinking the albumen was functional, but he made the unwarrantable statement that "after a little suitable treatment the children soon got well." Which, by the light of our knowledge of the morbid anatomy, I must interpret into the strong probability that the children derived no benefit from the treatment and soon ceased to attend. In recent years has been instituted the "Follow-up Clinic", but when possible there should be two to a follow-up, the consultant and the family doctor. It is of interest to speculate as to what was on the death certificates of these five cases of late-rickets with albuminuria, when they died a natural death, as they almost certainly did, from uraemia.

Midwifery on the district was an interesting experience. I knew the theory well. I had been out with one of my seniors to a single confinement, which had progressed according to plan. My first call, to go alone, was from an excited female, who said the patient was dying. I remembered that one should ask about previous confinements and was told that this was number ten. The outlook was black. It was an anxious, hurried walk, dodging the horse traffic, up the Borough High Street. It was quicker to walk in the road than on the pavement. It was reasonably safe, if one faced the on-coming traffic. When I entered the house my worst fears were confirmed, this woman, who was the mother of eight more children than I had seen born, called out to me that she was dying. There seemed to me to be one possible ray of hope, and I put the question, Did she think she was dying with the other nine? And when she began to laugh, with all the other women in the room, things looked brighter. But I felt I had had an escape.

There were lots of babies in those days. I collected forty in one month (as well as playing in the final of the Inter-hospital cricket Cup). If you asked about her husband and they said she was a virgin, it only meant that her man had gone to the South African War, forgetting the wedding ring. An early lesson that a doctor must never show surprise. It took an upheaval, which touched us all, to give us the name 'war-babies.'

It is a difficult decision, if one gets qualified, as to whether

OJ—2

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seen Dr W G Grace, at the start of a Test Match, go out of his crease to a donkey-drop which he missed and was stumped —you might say by a mile. Although a sympathetic murmur went round the ground, there would have been laughter and groans for his substitute.

We all remember those tense days about the time the list of resident appointments went up There were not many surprises Although sometimes a dark horse was placed, and sometimes the friends of another runner were disappointed because he was overlooked. They would claim that he was too modest to show up But it is not always humility which hides its light under a bushel. In Yorkshire they know about cricket If a man, with a reputation to lose, goes to a trial match and makes an honest duck-egg they think he will be more likely to be a useful member of a team than one who stays away and sends his friends to say that he would have made a hundred Sometimes a brilliant student did not get his desire. Possibly, at one time or another, he had needed a good friend, who could advise him along the lines of Dean Inge's maxim "Don't trouble the waters in which you intend to fish."

For a house physician I have one golden rule (I know how good it is because I did not always keep it) Make your diagnosis, as far as is humanly possible, the first time you see the case Get the history, in so far as you can while the scent is hot, the obvious things get left out later, because it will be imagined that you know them. Hold up the whole casualty department until you have formed an opinion, but don't block one of their rooms by keeping them waiting for your arrival. Osler said, the two great virtues for a physician were punctuality and brevity

In the year 1903 the post of medical registrar carried the dignity of a top hat and tail coat. But these impedimenta did not detract from the value of the experience. Moreover the hours were comparatively short, so that there was time to think and to work up neglected subjects. Registrars were few in those days. Perhaps we did reflect that many of our contemporaries were getting settled somewhere and we might wonder what hospital staff we should eventually join. But the work, in itself, was far too interesting for us to feel quite in sympathy with the

it is better to apply for a house appointment or wait for the M B I took the safer course and waited, just filling a rather nondescript post of clinical assistant in the medical wards To be qualified, however, remaining on the premises, brought some queer surprises House surgeons, who had been offered an operation, roped one in for the anaesthetic We had no anaesthetists in those days A resident would come running up to say that he was off for a week's holiday, and had just fixed up with the Superintendent that I would do the work It was all experience, but a locum is rather like a man who is not quite sure of his balance crossing a stream on a tight-rope He does not wish to make a splash that will be remembered when he applies for the post he really desires We know the sort of cases There is the comatose man smelling of alcohol, who is sent home and dies of a fractured skull So, also, there is the comatose man taken into hospital, washed by the nurses, who comes round to explain that he has been celebrating some event, or the case of obstructed labour on the District, to which the obstetric resident is called, which resolves itself in a four-wheeler on the way to hospital These things are very real and when the junior obstetric resident left me his responsibilities without asking my leave, I had my first attack of night-bell 'jitters," or whatever it should have been called in those days I could hear the porter's step along the corridor A knock at the door, a note from a district nurse "Baby is born, there is a tear I could not help, there is a good deal of bleeding and the placenta is retained" The whole wording suggests a human tragedy, and it is three o'clock in the morning After hurrying through the dark streets, removing the placenta from the vagina, putting in a stitch and having a cup of tea, with a real good nurse, one feels better, but psychologically it is not fair It is like being picked up on the cricket ground because someone is injured, putting on his flannels and using his bat, and being sent in at a critical stage of the innings, all because you happened to be about I like to be ready for things

Perhaps I have laboured the point, but I have always been sympathetic to the locum, either in hospital, or if I have met him in consultation He is batting on a difficult wicket I have

seen Dr W G Grace, at the start of a Test Match, go out of his crease to a donkey-drop which he missed and was stumped —you might say by a mile. Although a sympathetic murmur went round the ground, there would have been laughter and groans for his substitute.

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"Apprentices," in a Christmas pantomime, which appeared in a paper called the *Guyoscope*, in which they sang:

No more for us the cup that cheers, no more the
"rags" persistent,
For us the supper clubs are closed, the
Empire's non-existent,
But in our ears a still small voice
continually is stating,
"One day a time will come and then"—
but oh 'tis weary waiting.

The Provincial Hospital Years

Such is human nature in the Provinces
ARNOLD BENNETT

I

THE most obvious feature, at the outset, on leaving a medical school is the loneliness of the work. Odd facts, that one [illegible] departments But these facts, what are they? Medicine is a changing science, and no sooner has one brought a subject up-to-date, than much of it must be reconstructed In the words of Wilfred Trotter, "the getting rid of the superseded and the absorption of the new which make up the very metabolism of the mind."

My first piece of hard work came when James Mackenzie's book on diseases of the heart was published in 1908. Perhaps I should have been forewarned, if I had made better use of the journals, but this was the year I returned to hospital, after a two years' interval of private practice only, and I had thought that I was up-to-date with heart disease

When I started in practice, one doctor still had a red lamp burning at night, with his name blazoned on it. There were numerous large door plates inscribed "Physician and Surgeon" It was the custom, with one family doctor, to put bark from the tan-yard down in the road outside the house at which he was attending It quieted the clatter of horses' hoofs as the traffic went by. Doctors' coachmen did not like bumping over this stuff, which nearly tripped up the horses They would pass some sarcastic remark, that this particular doctor's patients always seemed to be seriously ill, but were soon about again. When I first drove out in a dog-cart, doing duty for a senior on holiday, the coachman pointed with his whip to another doctor's equipage saying that the occupant had been tipped out

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private house. But the nursing home, the motor ambulance, and, above all, the surgeon himself, put an end to the custom.

One has almost forgotten what a street accident was like before the days of the motor ambulance. In the City of London, two policemen brought the injured on a stretcher with wheels to the nearest hospital—or we did hear a whisper sometimes that it was to the hospital which served the best refreshment. In a provincial town—as like as not—some good Samaritans would carry the injured to the nearest doctor's house, where the facilities were not up to the standard of a hospital casualty department, and if it were a "stretcher case" there might be much delay in his removal.

All accidents tend to be an irksome responsibility outside hospital. A friend of mine in a country practice in Lincolnshire set up a motor cycle. One day he skidded into a ditch and was knocked unconscious. He "came round" to find two or three people standing over him, and heard a voice which said, "Well, there now, if it isn't our own dear Doctor, and we've sent for him to come and see hisself"

They were a strain on the doctor's house. He might come home to find some urgent call, with everyone in rather a flutter; but perhaps when he chased off to the scene of the accident, he would find that he was one of several wild geese too late to be of any service. Then one day, if he hardened his heart and got his lunch, he might lose his reputation.

I was playing cricket for the Manchester Medicals against the Liverpool Medicals in 1896. The teams were composed in the main of qualified members of the profession, but they liked to have a few students to give some backbone to the side. To hear these doctors exchanging ideas seemed to give one glimpses of the future. The cricket horizon was overcast. There was little prospect of keeping on the game seriously—even half-day cricket—with any form of medical practice. I remember hearing a story of a street accident, told as a joke against a distinguished Manchester physician. It appeared he was driving along the street in his carriage and pair when he came across a man who had been knocked down. He put him in the carriage. The coachman turned the horses round, and they drove to the Royal

three times but "we've never had an accident" When we passed a distinguished-looking old doctor, I was regaled with the statement 'The people do say he talks a lot to hide his ignorance.' But he gave respect its due when he touched his hat to the senior physician, saying "There's the 'ead of the profession" We have lost something with the passing of the doctor's coachman This was not gossip It was just the talk of the town Who would care to be a hero to a poor thing like a valet? But many doctors earned some self-respect by being a hero to a coachman

The coachman was a useful guide to local knowledge A young contemporary of mine, riding in his senior partner's dog-cart, soon after his arrival in the district, had the rare privilege of being shown Steve Bloomer walking in the street, and the best he could make of it was to ask the question, "Who is Bloomer?' (As the Gnat said in *Through the Looking-Glass*, you might make a joke on that—Bloomer and bloomer, you know) Fancy a young doctor in this town hoping to succeed, when he did not know the name of Derby County's star forward, who was the finest inside right who had ever played for England

Surgical operations in a private house were an adventure It was easy enough to guillotine tonsils and scrape out adenoids on the kitchen table, but when the portable surgical table was brought for something more ambitious, such as a case of acute appendicitis, we had to move the furniture about At night time the light was a problem Sir William Arbuthnot Lane had a happy knack of summing up a situation I once saw him, in Guy's Hospital, remove an appendix which was exceptionally difficult on account of adhesions He never on any occasion showed signs that an operation was anything but easy After this one, however, he remarked "That would have been quite interesting in a private house, with no better light than a candle' In the daytime, perhaps, the dressing-table was removed from the window to make room for the surgical table One could see the neighbours over the way peeping through the curtains, or cleaning the windows The surgical results were surprisingly good, but the responsibility of having everything at hand in the way of equipment was considerable A family doctor might rather like these episodes, he was more in the limelight in a

women retold a long and sad tale of symptoms. A wise physician had a way of hearing about a few symptoms, and looking so sympathetic that a nice woman had not the heart to depress him with any more

For some of these women it was their day out. There were no picture houses All the street knew that some housewife went up to hospital on a particular day, and a neighbour had to prepare the family dinner We did them good. One old lady said that if she had a lot of money she would leave it all to me.

We made a careful physical examination of our patients We tested the urine we did an occasional blood count and we hunted the tubercle bacillus, but we had no radiology or biochemistry to help in medical diagnosis The department was much too crowded with 'family doctor' cases In most we got down to a diagnosis where there was any probability of serious disease but sometimes we were superficial—just giving a bottle of medicine with intent to go deeper into the case on the next visit. Thirty years later there were still too many patients—by this time consultation problems—and the new temptation would be to drop a penny in the slot of some machine or special department in the hope there would be a diagnosis, ready made, when the patient returned next week.

When the National Health Insurance Act came in 1913, the lay Board of Management, who like all such Boards appealed on the evidence of large numbers, were expecting the out-patient numbers to fall off The honorary staff, with shrewder judgment, were prepared for the great increase which took place. For all these people we insisted upon a letter from the doctor The consultant status of the department was established.

The 1914–1918 war upset the staff, the residents and the local profession in a way somewhat different from the 1939 emergency We were quite unprepared In August we believed that a war on that scale could not last beyond Christmas. Although Kitchener soon enlightened us, the profession was slow in getting control of medical recruitment. There were no medical meetings, life became a scramble. On the whole, it was fortunate to spend some time in the forces, but beginning again was by no means easy It was my experience of the first World War that much

Infirmary It made the physician half an hour late for an appointment, and the joke was, that when the man was examined at the hospital, there was nothing to show but a few scrat hes

Was this one of the risks of my future—to be laughed at, when I might have passed by on the other side? It seemed hardly fair And yet these cricketers did not laugh at anything so ludicrous as a man dressed up in pads, coming out for his innings, taking his guard from the umpire, patting the block-hole, looking round to see where the fielders stood, and being bowled, neck and crop, by the first ball he received I think that Manchester physician must have prided himself on making no mistakes Often enough a consulting physician is called in at a stage when the evidence is so clear that a ward clerk could *make the diagnosis He should have sufficient imagination to* see the family doctor's difficulties, and enough humility to avoid trying to make a cheap reputation Perhaps that physician, in his consulting work, did not always "play cricket"

We have all had moments when we wish that the internal-combustion engine had never been invented, but when the police motor ambulance arrived I had been in practice just long enough, and been called to enough accidents, to realise what a blessing it was to the casualties and to the medical profession

The out-patient department at the Derbyshire Royal Infirmary, when first I knew it, was crowded with "the sick poor," coming up with subscribers' letters, but only rarely with a note from a doctor The honorary staff saw them all. We cured chlorosis with iron, the bronchitics said our "expectorant" mixtures relieved them, the dyspeptics thrived on rhubarb and soda Was gastric ulcer less common in those days? Or did we keep it in check with a light diet, a bottle of bismuth, and perhaps occasionally with a little liquor morphinae added? I believe that the Army have a category called "Medicine and Duty" We dispensed a lot of that, but often enough found the chance to give good advice as well

One remembers most clearly, however, all the older women who came up so regularly—they liked a medicine "so bitter" or else "so warming", and woe betide the young doctor, doing holiday duty, who changed the medicine because one of these

women retold a long and sad tale of symptoms. A wise physician had a way of hearing about a few symptoms, and looking so sympathetic that a nice woman had not the heart to depress him with any more

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was learned about injuries and a good deal about disease, but important things were forgotten and required re-learning There was delay in getting under control the work both in private practice and hospital It falls to the lot of most doctors to see either too many patients or too few If one had seen less one might have perceived more The physicians on the staff of a non-teaching hospital have always had some difficulty in making the opportunity to do the hospital work without distraction—that is what really counts

Sir William Osler, writing of his old teacher J A Bovell *in Toronto, who had been one of Astley Cooper's dressers* at Guy's, says that he "had general and consulting practice and failed in both" Failed—whatever that may signify, but it was an achievement of Dr Bovell's to have inspired the enthusiasm of the young William Osler—there was success which lived, for it was Bovell who started the future great clinician on his medical studies

With the gifts of a William Hazlitt, it would be nice to write an essay on "The Spirit of the Voluntary Hospital" There is truth in the old saw that nothing succeeds like success, and yet I believe the secret of the wonderful achievements of the voluntary hospitals has been that they could only do their best and that they never claimed to succeed If one day their epitaph is written, we might use the words of Stevenson, 'There goes another Faithful Failure" Probably the chaplain, who opens the Board meeting, would claim this as the true spirit of success It was Oscar Wilde who said, "Everyone kills the thing he loves" The choked casualty department, the crowded out-patients' and the long "waiting list" bring this thought to mind

Sir William Osler said there was no one we should be so sorry for as the "forty visits a day" doctor He might, however, raise his fees, or take a partner, or give some of the work away A hospital could expand, they have expanded and nearly always their usefulness has outrun their expansion Perhaps they will go into partnership, or it may be they will die Is it possible to put on paper what their spirit is?

Somehow the words "freedom" and "service," which come

readily to mind, are not the whole of what we need. I would put first high endeavour and equality of opportunity. There is a Board of Management, there is a Senior Staff, who guide by virtue of their [illegible]

He can put the right bowlers on to suit a particular wicket, and for the batting order—it more or less settles itself

No bright medical brain, coming on the staff, can be discouraged by someone else exercising power When an old member of the staff is only fit to field at mid-on and to go in last but one, that is where the natural workings of the system put him, so that he may as well be happy there or drop out of the side An enthusiast for State hospitals once told me that voluntary hospitals were very anomalous Of course they are. Life and human nature are very anomalous, and these hospitals grew up to serve them.

The training of a medical undergraduate is a long one He is a poor student who does not become interested in medical science By observing his teachers he understands that there is an art as well. Perhaps he gains one or two years' post-graduate experience as a resident or in a special department At this stage there comes a third problem—the earning of a living There are other professions that wait for a call that is long in coming; but it is probable that there is no other calling in which the conflict between the scientific side and the financial side is so acute as it is in medicine There are many reasons, but this is one above all others, why a young doctor is attracted towards the staff of a voluntary hospital. It is here that he recaptures the spirit of scientific medicine, which was the guiding principle of his best undergraduate days. It is of course the road which leads to consulting practice It may lead to cakes and ale, or to other things which become stale and flat, but the spirit which lives is that of scientific progress and the personal gain—what Sir William Osler called "adding to one's cerebral capital."

In Ludwig's *Life of Napoleon*, there is the story of the young Bonaparte's mother asking him what he meant by happiness, to receive the reply, "To develop my talents to the full." It

seems almost priggish to suggest that nothing keeps a man so happy, as trying to perfect a talent It is true nevertheless I have known elderly men who could not hit a golf ball so far as formerly, who had lost the physical strength to hack it out of a bad lie, who had found happiness in the belief that, at long last, they could learn the art of putting Why not if it keeps them cheerful? The man who studies the natural history of disease in a hospital is developing a talent He will never be out of date If a day comes when he has less confidence to prescribe the latest drug, we shall find, in the corridors of a hospital, his advice is sought about the question of what influence, if any, these new remedies have produced

Stevenson, chafing against all those maxims of worldly wisdom which had grown up in a secure Victorian era, tells in his *Inland Voyage* how he was attracted by some young Dutchmen They were out on the river after working hours, when one of them explained that they were engaged during the day in mercantile pursuits, but in the evenings, "Voyez-vous, nous sommes serioux" There is an element of that philosophy for a member of the honorary staff of a voluntary hospital The real thing, because there is no direct financial reward

It is a nice point, sometimes, to decide whether a young man with a particular talent—say for art or music—should keep this for a hobby, or try to perfect it to a stage where it can be his life's work A man on the honorary staff of a voluntary hospital has a playtime hobby, which will be useful in his life's work, and perhaps the two will merge

Sir William Gull has the right spirit with regard to hospital He looked after His Highness, Albert Edward, Prince of Wales, when he was very ill with typhoid fever at Sandringham On his return to town, respected and honoured by Queen Victoria, he said of his patient that he had been as well treated and nursed as if he had been a patient in Guy's Hospital

He once wrote the words, "A written truth lasts, a spoken truth is fluctuating and soon decays, or is soon metamorphosed into something very unlike its early self." It may be so The spoken word, however, can be withdrawn, or modified if it does not fit with time and place And moreover it may hit the

mark just at the right time, setting in train ideas of value in another mind. But it is true that it may be impossible to recapture the real meaning, if it is repeated. It carries less responsibility, however Sir Max Beerbohm penned the words, ' but in writing one must be more explicit than one need be by word of mouth. If anyone cares to consider some of the thoughts which have come to me, whilst trying to learn a little medicine, I can only say with the *Autocrat of the Breakfast-Table*—"water my remarks to suit yourselves."

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as they have become now, but they were great characters, who gave a hint when som-thing unusual was in the wind. The type of man is illustrated by the story, in Campbell Thomson's *Story of the Middlesex Hospital*, of the porter who was asked about a post-mortem finding, and replied "Well, sir, Dr Volker 'e say it was a case of myercarditis, but what I say is, fatty 'eart's good enough for the 'ospital." It was the duty of our porter to keep the essential specimens for one of the physicians, who gave his own private morbid anatomy demonstrations to his firm. I can remember the added responsibility of dealing with his autopsies, lest one should miss a point about which he would make enquiries later He had been, perhaps, the best morbid anatomist in his assistant physician time. If he did have a kindly criticism to make, it would only be "You can't learn pathology in a day"

Perhaps in the nineteenth century Thomas Hodgkin was more of a pathologist and less of a physician than most of his contemporaries. The morbid anatomy records at Guy's Hospital began with the "Red Inspection Book" in 1814. Hodgkin, some ten or fifteen years later, started his good work as Curator of the museum, mounting specimens and getting out the catalogue, but, in the year of Queen Victoria's accession to the throne, he was passed over for the post of physician to the Hospital. It may have been that he was more gifted with the dead than the living There is the story that he was called in to a very wealthy patient, with whom he stayed the whole night through. In gratitude the patient wrote an open cheque and was very disgusted with Hodgkin when he filled it in for so small a sum as ten pounds. Hodgkin put his foot right in it when he responded that he thought that was about as much as the patient looked as if he could afford, with the result that he was not called in to that house again. Not evidence of a very good bedside manner, but, no doubt, his upbringing as a Quaker brought to mind the analogy of a camel and a rich man. When he failed to get the physician's post at Guy's, he became more interested in his gratuitous private patients than in those who paid fees. Anyway, when Hodgkin went on to the better world of his belief, he left his name in this one.

Medicine and Morbid Anatomy

Do not let us submit, however, to the delusion that experience is made up of the events at which we are present. An event experienced is an event perceived, digested and assimilated into the substance of our being.

WILFRED TROTTER.

FROM the time when Richard Bright could say "What is found after death has been correlated with the symptoms during life," till the early part of the twentieth century, there were some eighty years during which almost all the great physicians had been morbid anatomists. The work in the medical wards was put on a sound basis and polypharmacy, which my teachers would call the "blunderbuss prescription," had become discredited in the light of what turned up in post-mortem to explain the patient's illness. Some of the die-hard prescribers might call Osler a therapeutic nihilist, but his results justified his use of six or eight drugs and "time in divided doses."

My clinical years at Guy's, from 1899 to 1905, were full of the spirit that the physician graduated to his status through morbid anatomy. All autopsies were made by the assistant physicians, and as medical registrar it was one's duty to deputise for holidays and at odd times. Clinical teaching in the wards was based on the subject. Sometimes rather too near the patient's bed, one of our teachers would ask what would be the appearance "if you had this poor fellow's liver on a plate before you." He is reputed to have said "Four patients in the ward, all dying from jaundice of a different cause—isn't it interesting?" This may turn our minds towards the problem of late manifestations of disease being too much in evidence in hospital, but the teaching was there all right and the student got his feet planted firmly on the ground. It was the custom for the physician, with his whole firm, to attend an autopsy on all important cases. It was rather fun for the assistant physician to produce the unexpected. Post-mortem porters were not such skilled technicians

as they have become now, but they were great characters, who gave a hint when something unusual was in the wind. The type of man is illustrated by the story, in Campbell Thomson's *Story of the Middlesex Hospital*, of the porter who was asked about a post-mortem finding, and replied "Well, sir, Dr Volker 'e say it was a case of myercarditis, but what I say is, fatty 'eart's good enough for the 'ospital." It was the duty of our porter to keep the essential specimens for one of the physicians, who gave his own private morbid anatomy demonstrations to his firm. I can remember the added responsibility of dealing with his autopsies, lest one should miss a point about which he would make enquiries later. He had been, perhaps, the best morbid anatomist in his assistant physician time. If he did have a kindly criticism to make, it would only be "You can't learn pathology in a day."

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Laennec had taught pathology for five years and, about 1819, wrote "Morbid anatomy is the surest guide to the physician" Wilks, in the eighteen-sixties, uses almost the same words "Pathology is the basis of all true instruction in practical medicine" In 1907 Osler wrote of the changing times "Saddest of all the chair of Pathology is no longer a stepping-stone to the chair of Medicine" It would be about this time that a whole-time pathologist took over much of the work from the assistant physicians Times were changing, however, and pathology was not only digging deeper, but covering a wider field

If morbid anatomy was put on a sound footing in 1761, when Morgagni published his letters on "The Seats and Causes of Disease," if it was established further by Matthew Baillie (the last to own the Gold-headed Cane) in 1788, then it was becoming highly specialised, about a century later, when Wilhelm His described the auriculo-ventricular bundle, and equally so in the first decade of the twentieth century, with Aschoff's work on rheumatic myocarditis and Sir Arthur Keith's recognition of the sino-auricular node It was more or less inevitable that the whole-time pathologist should take over In 1919 Osler appears to be resigned to this, because he suggests that the medical school rotates about the professor of pathology

Medical science has gained—the physicians can still attend autopsies, but they lose something in not having the work of actually handling the specimens—and scientific medicine also loses something

Real co-operation is obtainable and brings the best results If Addison could have worked with a clinical pathologist he would have gone further with the anaemia he described, but, in the disease which bears his name, it may have been an added stimulus to have the eleven pairs of suprarenal glands all to himself

If one is writing in a reminiscent mood one need not apologise for a personal note My introduction to the association of genu valgum with small fibrotic kidneys came from an autopsy I was asked to perform on a boy who died in 1912, a few days after osteotomy A colleague might have helped scientifically, but to be alone was a personal stimulus to look for other cases

When other children with the same clinical picture were discovered, it was my responsibility to keep in touch with them until the morbid anatomy could be investigated—sometimes ten or more years later It is easy to use the expression "follow up," but a little selfish interest is helpful to complete the life-history of this type of patient, for whom there is little or no treatment of any value. They must be hunted up at regular intervals

I would claim a wider point of view, however, about the clinician and morbid anatomy It may be of value to question the relatives and the [illegible]

before the fatal illness the man had attended hospital for a swollen elbow, at which time she had noticed little blue spots scattered over the back and chest. The elbow had been X-rayed with negative result. An examination of the blood would have revealed leukaemia at this time, although one can scarcely call it latent if purpuric spots were present. They were hidden by his clothes The dictionary meaning of "latent" is not visible or apparent. A swollen joint may be one of the features of leukaemia. "Latent" is, to some extent, a relative term, dependent upon the observer In this case, however, there had been no constitutional symptoms, and he had worked on a farm until less than a week before the fatal termination.

If one is not teaching students, a time may come when an autopsy on bacterial endocarditis, pneumococcal pneumonia or a cerebral haemorrhage does not seem particularly important, but an unexpected death in the street or on the operating table might give one a new line of thought. So with the accident autopsies there may be something of a side-line not causing death—what might be called the by-products of the coroner's mortuary These are the post-mortems which the clinician rarely sees, and yet there may be a dumb mouth speaking, which he alone has ears to hear

There is evidence to illustrate this line of thought in the

matter of traumatic lesions of the heart If we look in medical textbooks published about forty years ago, we find the record of pathologists who have applied direct violence to the heart in the post-mortem room to find out if a valve could be ruptured by that means It would appear that many of them succeeded, although the dead heart seems a very different structure from one contracting, with a valve becoming tense Of greater interest are the post-mortem records of traumatic valve lesions published by clinicians For example (and note the date), Wilks, in 1867, recorded a ruptured aortic valve from a fall The specimen came from a young man who fell from a height, and was in a surgical ward for two days He died of rupture of some abdominal viscus, and Wilks showed the heart, with one cusp of the aortic valves split right across, with some fibrin forming on the torn edges *The picture is on record in the Transactions of the Pathological Society of London* I would suggest that similar lesions, in these later days, might never reach a clinician This is a reasonable deduction, if one looks for contusion of the myocardium in fatal accidents of traffic and industry Four or five years' search in the coroner's mortuary has produced quite a number, of which on only one or two occasions would the contusion seem to be the lesion causing death The other contusions could be dismissed as secondary, but they are not without interest when one meets a clinical case suggesting myocardial injury

To return to the idea of questioning the relatives to collect all the possible clinical evidence Is it not time that we tried to learn a little more about sudden death in disease of the coronary arteries?

Sir Thomas Lewis says "Angina pectoris and myocardial failure never can have equivalents in the terms of structure" To lay stress on the functional capacity of the heart is the important thing in clinical medicine The clinician has a fairly clear understanding of a slowly progressive heart failure, with or without passive congestion, but sudden death is quite different Ought we to name this "heart stoppage"? I have read, in a medico-legal book, of heart failure described as a slow deterioration of the heart muscle, until one day it reaches

a stage when the organ cannot carry the load, and death supervenes It sounds very plausible, but it does not fit the clinical story The whole point about so many of these inquest deaths is that we have no evidence that the functional [illegible]

[illegible]

on all occasions

Thirty-five years ago, an express-train engine-driver drove his train into Derby station He was walking across the platform when he fell dead. At the autopsy his anterior coronary artery was so rigid that I could break it like the stem of a clay pipe. The appearance would have passed for the description of John Hunter's own heart The next week I carried out a post-mortem examination on another man, who died suddenly in the street. There was [illegible] arteries It [illegible] a mystery [illegible] the importance of coronary thrombosis in those days I am writing of a time long ago, when a witness had to kiss the Book, and some coroners watched to see that a medical witness did not kiss his own thumb instead In any case it is ordinary experience to accept disease of the coronary arteries, either gross or trifling, as an explanation Gull said "Fools and savages explain, wise men investigate" With the opportunities one could have taken, I think it has been foolish not to have investigated sudden heart *stoppage* Are the dangerous years from sixty to sixty-five? Is there a change of life in men? In what way, if at all, does effort come in? Is anxiety more important? What causes the arterial disease and when present, however slight, is life just a matter of chance?

In 1732 Nicholas Robinson published in London, "A Discourse upon the Nature and Cause of Sudden Deaths" I wonder what he wrote and what we have learned since?

The pathologist tells us that a clot is more common in the anterior coronary artery, but the electrocardiograph gives no such evidence. It is more serious in the anterior artery, the prognosis is more unfavourable There must be something for

the clinician to study about the lives of those whom he never saw before their fatal termination Lauder Brunton associated sudden death with tobacco-smoking It may be so, although one is inclined to deduce from this that he did not smoke himself I sometimes wonder if coronary thrombosis is commoner in heavy cigarette smokers, perhaps it is a fair deduction that I only smoke a pipe There are a hundred questions to ask It may be impossible to solve the problem I was rather intrigued the other day to read, in a daily newspaper, that a certain rural district council had asked their medical officer of health to consider this problem—the headline ran "Cardiac Deaths Alarm Council" If I told one of my good friends, who is a medical officer of health, that it was rather a quaint idea to bring this sort of thing to him, where should I be if he asked what the clinicians of my generation had done in the way of investigation?

With so much medico-legal work in these days, however, it is well to remember that there is almost a conflict between satisfying the law and satisfying science When a man has sworn on many occasions to give the whole truth, he may tend to think he has found it The words of Sir Thomas Browne, when he uses an anatomical analogy for a general proposition, are worth remembering in the mortuary "Some have digged deep, yet glanced by the Royal Vein, and a Man may come unto the Pericardium but not the Heart of Truth"

The doctor in fiction was known to us many years ago Most of them have held an honourable position in the mind of the public, and a few have been approved by the profession With the progress of time it is of interest that we now meet the pathologist in the detective story Here is an advertisement of a so-called "thriller" in 1944 'Suppose you were told by a Home Office pathologist that the girl to whom you are engaged is not twenty-eight, but forty-one, that she has had three husbands, each of whom committed suicide by the same means, and that Scotland Yard considers the lady worth watching Suppose, next morning, the pathologist was found dead What would you do?"

It is a nice point for decision I suppose the first thought would be of the old maxim that when a new book comes out

one should read an old one But we might reflect on some of the unnecessarily sensational medical evidence given in courts of law Evidence which would not always stand up to critical examination in a scientific medical society

The medico-legal work in relation to accidents requires watching that finality is not accepted because something is settled in law Books written on trauma contain some valuable clinical stories and other reliable medical evidence Recently a reviewer recommended one to the "young traumatist"—a rather startling expression, which at first I thought had reference to child psychology It so happens when I read the book that I was working at a particular problem and I found much evidence of assistance in the form of clinical stories But when the medical evidence is concluded and we get a record of "the finding of the court," science is shaken The law wishes for finality and precedent [illegible]

evidence on oath, which might have been a "finding of the court."

The clinician must build on the foundations of morbid anatomy Gull, discussing rival bodies giving a medical qualification said "The road to medical knowledge is through the Hunterian Museum and not through an apothecary's shop" So it was before the days of Pasteur, and is to-day, but there is some change Who could see in 1870 or thereabouts, that we should learn that many of the worst diseases were due to some infecting organism, for which in the nineteen-forties we might have a remedy from the chemist's shop?

The vaccine therapists told us that the physician "as we know him will die out", it appeared to them that active immunisation with a vaccine would be the cure for all our ills The story of how Sir William Osler turned this aside, in an after-dinner speech, with some well-chosen words to illustrate the value of a diagnosis, is too well known to tell. But he made the point that an abdominal tumour may sometimes be dispersed by means of a catheter

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The Spirit in the Mortuary

"Who is this Pathologist," said the Body, "for whom I am waiting?"

"He is the doctor," said the Spirit, "who will find out why you died."

"In my father's case," said the Body, "a physician made the examination."

"I know," said the Spirit, "but a pathologist goes into greater detail."

"[illegible]" [illegible] the Body.

[illegible]

"[illegible] [illegible]logist's report," said the Bo[illegible]"

Not the same thing," said the Spirit, "something might come to light the significance of which only a clinician would perceive."

The work of the physician must be founded on morbid anatomy, although bacteriology, haematology, biochemistry and other branches have widened the scope of pathology The detailed investigation of morbid anatomy by the pathologist is increasing knowledge, but there are problems for elucidation that require clinical experience It is a good thing for the clinician to hear the last word from the pathologist It may appear so simple after death In our own hospital we have a session once a week, at which all the morbid anatomy is laid out for discussion

It seems like the end of the story If the diagnosis has been correct the clinician is happy, but not for ever afterwards. He may feel that there ought to be a sequel Which, possibly, in contrast to most sequels, might be more interesting than the original tale *And, furthermore, the new idea must spring* from clinical sources

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"I know," said the Spirit, "but a pathologist goes into greater detail."

"Will my physician be present?" said the Body.

"I hope so," said the Spirit.

"In any case he will get the pathologist's report," said the Body, "which comes to the same thing."

"Not the same thing," said the Spirit, "something might come to light the significance of which only a clinician would perceive."

Clinical Acumen

> These best teachers climb beyond teaching to the plane of art, it is themselves, and what is best in themselves that they communicate
>
> R. L. STEVENSON

WHEN the troops came home from the South African War, one of the assistant physicians to Guy's Hospital came with them Shortly afterwards the tip went out to the selected few that he would be doing a ward round, when he would see a case of typhoid fever Met by his house physician and his clerks, a band of seekers after the truth had grown considerably by the time we reached the bed in question The physician, thinking aloud as he examined the patient, ran through the history, the symptoms and the signs, more or less admitting that they filled the bill for a diagnosis of enteric fever, but then said, "I don't think it's typhoid," and passed on to the next bed Back went the note-books to the pockets of the examination-passing students, up went the eyebrows of the house physician who had invited myself and other colleagues to such a sad fiasco, and those of us who were not concerned with the other patients tip-toed from the ward.

How many of us knew that we had received a first-class lesson in clinical acumen? for the event proved, of course, that the patient was not suffering from typhoid fever

There is little profit in trying to define clinical acumen, it is easier to discuss whence it came It grew It came from the observation of the unaided senses Medical knowledge can be gleaned from a book, and some of the arts of clinical observation in the wards can be taught, but the student who really learns is observing the physician to study his methods It was just the same at cricket A few maxims about a straight bat—keep the left elbow forward, and all that sort of thing—but the real lesson came from a visit to Lords to watch a distinguished member of the medical profession, called "W G," make some runs

Gull, in 1872, wrote, "example is contagious and descends

from teacher to pupil." It was just this contagion for observation leading to clinical acumen which we inherited when we listened to a wise physician thinking aloud at the bedside. It is recorded that Sir William Osler would not be told about the cases he was going to see, because he wished to start fair with an open mind, without any advantage over his students This method sets a high standard of wisdom and humility I remember a physician, who adopted the plan, once saying that a ward clerk was sometimes right, which, within the limits that the spoken word must fit with time and place, was a judicious and instructive remark. It puts the ward clerk wise, that a diagnosis is not a guess, and that it takes years to gain clinical wisdom.

Professor Bauer in *Constitution and Disease* may write in 1943, 'that all available tests and laboratory studies, invaluable as they may be, can never replace the impression gathered from an intelligent observation of the patient himself." This is up-to-date clinical wisdom, but looking back over these years, one cannot help feeling that the physicians in my undergraduate days had greater opportunities of gaining clinical acumen than we have to-day John Brown, author of *Rab and His Friends,* speaks of the cultivation and concentration of the unassisted senses. It was an old maxim that the whole art of medicine lay in observation. The training of the unaided senses, that was the essential, and Gull had said that "the eye sees no more than it brings with it the power of seeing"

I suppose we should not cavil at the use of a simple instrument like a stethoscope It had some struggle in its youth. There is a story that Dr Cholmeley of Guy's Hospital was no great enthusiast for the instrument in the eighteen-twenties, but one day brought a new one into the ward [illegible]
table and, inserting [illegible]
holder" It was Muc[illegible]
there was nothing like a little judicious levity No doubt Dr. Cholmeley wished to preach the sermon that the instrument does not make the physician, but it would have been more in season if he had shown some signs that he had tried to use it. Surely that is the approach to any instrumental aid, first perfect the technical use and then keep it in its place.

Of the unaided senses there is the story of Sir William Osler asking a clinical clerk about the first step to be taken at a particular bedside, to which several incorrect answers were forthcoming so that the physician had to explain that the first step was to ask a doctor standing by the bed to remove his shadow from the patient That was a cardinal point—observation in a good light to find evidence, which possibly, to-day, may be sought for in a dark room by someone else

I have known a good resident, in modern times, to be thinking of a barium meal for a patient with a history of haematemesis, when an abdominal examination revealed the probability of splenic anaemia I have seen one patient in hospital who could tell me that he had been jaundiced for two days, but no one else knew this although he was written up for various investigations

I should say that pyloric obstruction requiring surgical relief can frequently be diagnosed by inspection, and alternatively that, after a radiological report of considerable delay in emptying of the stomach, clinical signs should be sought Perhaps there is nothing very original in all this, but those of us who had to work without our modern advantages must take every opportunity of keeping alive the arts of observation One hears it expressed sometimes that a student must remember that he will not always have hospital facilities at hand, but it should be of a more positive approach If a special investigation in hospital has given some clear indication, let us go back to the bedside to see if this could have been foretold

Our forefathers corrected the limitations of a physical examination by their knowledge of morbid anatomy We have the advantage of radiology, which we can use at the bedside It is interesting to find that the best radiologist requires the history and the associated symptoms A physician must check some of his physical findings by means of an X-ray picture, but the converse is true, that some of the pictures must be interpreted in the light of what the unassisted senses can detect.

Many physicians, and Lister of the surgeons, had learned observation as naturalists In the medical wards at Guy's in 1900 we always had three or four cases of typhoid fever We used the Widal test (at that time four years old), but we did not rely

upon it, I don't think it was perfected We did not look for the bacillus in the stools, I don't think we knew there was a leucopenia. In doubtful cases, because recovery came, a distinguished physician might suggest that it must have been typhoid after [illegible]

in life, as for example buying a morning newspaper. These patients were the corner-stone of intelligent observation in the wards We had to diagnose meningitis without the aid of lumbar puncture. I think we had more patients with acute rheumatic fever Pneumococcal pneumonia was common; the course varied but the clinical picture was characteristic and true to type

To look back on one's own experience in arriving at the art of diagnosis, is a little difficult As a student, or junior resident, there was little knowledge and few chances of exercising the faculties on new patients who had not yet received a label. [illegible]

Looking back, it seems almost providential that a superficial guess was almost always wrong No one can state at what stage some clinical acumen has developed, because to claim this gift is probably an indication that it is wanting Clinical acumen is like common sense—it is for use and not for show.

The progress of medical science has changed the type of patient under observation, has tended to change the individual observer for a team which possibly has no captain, or perhaps the members are not playing for the side. It would be ridiculous to deride improved methods of diagnosis or genuine aids to observation The point to remember is, that using these may show greater detail but narrow the field of vision.

We as physicians to-day must set our own high standard—having read the history, there comes the observation of the unaided senses, with perhaps a stethoscope thrown in By this time, in diagnosis, we ought to be getting there or thereabouts If reports are already available from special departments, we

Of the unaided senses there is the story of Sir William Osler asking a clinical clerk about the first step to be taken at a particular bedside, to which several incorrect answers were forthcoming, so that the physician had to explain that the first step was to ask a doctor standing by the bed to remove his shadow from the patient That was a cardinal point—observation in a good light to find evidence, which possibly, to-day, may be sought for in a dark room by someone else

I have known a good resident, in modern times, to be thinking of a barium meal for a patient with a history of haematemesis, when an abdominal examination revealed the probability of splenic anaemia I have seen one patient in hospital who could tell me that he had been jaundiced for two days, but no one else knew this although he was written up for various investigations

I should say that pyloric obstruction requiring surgical relief can frequently be diagnosed by inspection, and alternatively that, after a radiological report of considerable delay in emptying of the stomach, clinical signs should be sought Perhaps there is nothing very original in all this, but those of us who had to work without our modern advantages must take every opportunity of keeping alive the arts of observation One hears it expressed sometimes that a student must remember that he will not always have hospital facilities at hand, but it should be of a more positive approach If a special investigation in hospital has given some clear indication, let us go back to the bedside to see if this could have been foretold

Our forefathers corrected the limitations of a physical examination by their knowledge of morbid anatomy We have the advantage of radiology, which we can use at the bedside It is interesting to find that the best radiologist requires the history and the associated symptoms A physician must check some of his physical findings by means of an X-ray picture, but the converse is true, that some of the pictures must be interpreted in the light of what the unassisted senses can detect

Many physicians, and Lister of the surgeons, had learned observation as naturalists In the medical wards at Guy's in 1900 we always had three or four cases of typhoid fever We used the Widal test (at that time four years old), but we did not rely

upon [illegible]

for the

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physician might suggest that it must have been typhoid after all. One of the Sisters taught me that one need not worry about the condition of the typhoid patient who lay peacefully on his side, but it was not a good sign if he was taking much interest in life, as for example buying a morning newspaper These patients were the corner-stone of intelligent observation in the wards We had to diagnose meningitis without the aid of lumbar puncture I think we had more patients with acute rheumatic fever Pneumococcal pneumonia was common, the course varied but the clinical picture was characteristic and true to type

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Every new treat[illegible] brings a new problem for [illegible]ence, which at first is confusing. We may begin by asking the older physicians whether the results are better, but in a disease like pneumonia the natural virulence varies in different years Sydenham knew how fevers varied with the years No doubt in many cases it was a question of virulence. We are so apt to get beginner's luck, whether we apply a new poultice called antiphlogistine (which I have seen written up in journals as a specific remedy) or use a vaccine or a new mixture of creosote and iodide

When we do get a cure, however, the disease has several plus signs, and the patient a minus This is true of standardised diphtheria treatment, or arsenobenzol for syphilis, and now perhaps for the sulphonamides in cerebrospinal fever and some other conditions It is all very interesting The knowledge which older physicians have gained about the natural history of any disease must be preserved, at least until such time as a new treatment has proved its worth beyond a shadow of doubt

The seniors must give the new remedies an honest trial, but must have the courage to discard them without fear that they will be considered out of date, if the remedies do not prove their worth My seniors could tell me that I did not know what diphtheria was really like I am not quite sure what I can tell a house physician about pneumonia at the present time The natural history of the disease has changed, quite apart from so-called atypical or virus pneumonia. I think I would say, let me have a look at the sputum for myself, to find the "rusty" type, and let me see dyspnoea out of proportion to the physical signs, before making a diagnosis of an acute pneumococcal infection, for which chemotherapy is indicated

Those of us who thought we knew how to guide a patient through lobar pneumonia have to gain fresh knowledge, with which to reconstruct our wisdom If we knew disease plus patient, it is now plus drug In some febrile illnesses it is plus daily Press as well. The lady in *Punch* who asked if she was suffering from "the very latest form of influenza" is being replaced by the patient with a rise of temperature, who is asking

must burn our boats and give some opinion before we read them It is the only hope of gaining, or retaining, clinical wisdom It may be a bit of a set-back to be ploughed as a candidate by one's house physician with a report up his sleeve, but there comes the great day occasionally when a second report is called in as a court of appeal and one's judgment is upheld The personal side of the problem is a matter of temperament—are you a physician seeking for the truth or have you found it?

Most intriguing of all is the case for which all the special departments are called in, when one has dared to prophesy that not much help would come and in fact does not, but been able from past experience to give a reasonable outline of the course of the illness—the sort of case that illustrates Professor Bauer's contention that it is bad practice to adhere too closely to the routine labels of disease He writes of "modern Laboratory medicine, which overlooks the patient behind the files of reported tests"

Clinical wisdom is still at its best when a good surgeon is studying the patient with an acute abdominal problem Here is the great opportunity to exercise the unaided senses, to draw on past experience honestly interpreted, and perhaps to show two o'clock in the morning wisdom in addition

By contrast we may remember, over a period of years, the exploratory laparotomy in chronic conditions with recurrent abdominal pain Often enough the clinical condition was a spastic colon, partly causing and largely caused by nervous manifestations It seemed so simple to look inside to find out what was making all this pother, and the event proved almost identical with the case of the small boy who took a pen-knife to his drum

Preventive medicine has relieved us of former responsibilities, the old dictum that we do not treat the typhoid fever, but the typhoid patient, is becoming more or less historical so far as the general medical wards are concerned The beds once occupied by typhoid fever cases may be used for a succession of patients admitted to facilitate some special investigation

The Victorian physicians spoke of disease plus patient Of course we still have this problem, and more particularly we under-

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for the very latest drug I have seen more than one patient in the pre-icteric febrile stage of infective hepatitis, who has been given one of the sulphonamides It is nearly three hundred years since Sydenham wrote "It often happens that the character of the complaint varies with the nature of the remedies, and that symptoms may be referred less to the disease than to the doctor" This warning was not needed in my house physician days, some forty years ago, when medical treatment was at its lowest ebb, *but it is worth reviving, with our new successful drugs*

Now one of *the most interesting problems in the medical* wards in the last twenty years or so has been the great increase in the number of serious cases of anaemia My own immediate colleagues and many other physicians have done much to elucidate the problem I have been in the wards long enough to say that I am quite sure that we *did not* have anything like so many cases in the first twenty years of the century Those who have studied them closely have exercised the opportunity to gain clinical wisdom thence *I have* learned to rely on my colleagues in the atypical forms But where are they all coming from? Is bone-marrow not what it was? *Or* is it being poisoned? We *must in times past* have missed *many* cases of hypochromic anaemia in middle-aged *women*, and *perhaps* been severe with some foolish patient who could not swallow a pill, when really she had the Plummer-Vinson syndrome But these Addison's anaemias, achrestic anaemias and aplastic anaemias are undoubtly more common, although formerly we might not have known one from another I do not think we shall learn much more from looking down a microscope, or from a sternal puncture What was Kipling's question at the dinner of *the* Royal Society *of Medicine?* I think he advised the *biochemist*, *when he made* a discovery, to ask "*What was the state* of the heavens when these phenomena occurred?" That might not help with the anaemias but ought we to ask what was the state of the atmosphere which these people breathed?

I seem to have wandered from the theme as to whether it was more instructive to watch W G Grace bat or to be coached at the nets. Both are needed to perfect a batsman *It* is a question of time and place *I* remember as a registrar coaching an American

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from simple purpura to haemorrhagic small-pox, and one does not reach the diagnosis along the same line

Perhaps the first step towards clinical wisdom is to learn the truth *that one goes into the wards to study medicine, but* examination passing is partly a necessary evil and partly rather good fun The undergraduate medical student must have his solid basis of facts Who is he to exercise his fancy? It is only later in life as a teacher—either of himself or other people—that it is reasonable to suggest that so-called facts tend to have their day but the right spirit lives

I have rather a high opinion of a modern philosopher named J Pope Clugston, whose essays are published in *Punch* In a recent article he writes "I very seldom learn anything new if I can help it, being troubled with too much salvage in the way of old facts as it is" There are doctors like that, often enough safe men but they tend to lose interest in their profession In Conan Doyle's volume, *Round the Red Lamp*, there is a tale called "Behind the Times," in which we read "He is so very much behind the day that occasionally, as things move round in their usual circle, he finds himself, to his own bewilderment, in front of the fashion"

No doubt this refers to fashions in treatment No one must be behind the times in the all-important problem of diagnosis A wise summary of the whole case, however, is based on something less tangible but more important than facts

Forty years ago, as a registrar, I recommended *Tales of Mystery and Imagination*, by Edgar Allen Poe, by way of lessons in observation In more recent years for resident medical officers I have advised Chesterton's *Father Brown* He could convict one murderer because a piece of paper was "the wrong shape" and acquit someone else suspected because although anyone might commit a murder, that particular man could not commit that type of murder Father Brown knew that a stick made the very best pointer, but had one serious drawback—the other end pointed in the opposite direction The *Wisdom of Father Brown* is closely allied to clinical wisdom

The Fellow Students

"WHAT's the good of going round with your chief?" said the Undergraduate

"You may learn the art of medicine," said the House Physician.

"But he never tells us anything," said the Undergraduate

"Watch him," said the House Physician, "and listen when he thinks aloud. He, himself, is learning Book knowledge will get you through examinations

"It's like this," continued the House Physician "If you wish to be a good batsman, you must sometimes watch the best players perfecting their own methods"

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who are tired, and which is so different from angina. It is one of the achievements of modern cardiology to have drawn the picture of coronary thrombosis, with the characteristic signs, to explain what Heberden knew as a later manifestation of angina, but occasionally the clinical history is the main guide in this condition. Osler recounts the death of a colleague in Baltimore in 1895 in an attack of angina, describing the picture of coronary thrombosis, which in all probability, to-day, could have been proved by the electrocardiograph, but the history is unmistakable

It is obvious that the clinical histories are sometimes unreliable, it is most unlikely that we need "pages of history", the words were used to suggest the fullest possible. We need a short history to the point—particularly in these days of illegible handwriting—an account which we can supplement with the right questions, always remembering that a great deal can be learned about the patient from the way in which the history is given. We must understand the English Language as spoken by those of varying social status, and perhaps some day a local dialect. For concise description the Cockney has no equal.

No medical ward clerk can wo k too hard at getting all the classical signs at his finger-ends. No one can claim to have studied them all until he has held a resident appointment. Individuals vary in the senses they can train, as in the degree of sense My own personal experience has been that I made a reasonably good start in recognising the signs associated with disease, but I had to serve a long apprenticeship before I discovered that my best assurance came from searching for the physical evidences of normal viscera first, with the possible variations, and then settling down to anything abnormal.

It is of interest to begin at the beginning, with Auenbrugger's *Inventum Novum* in 1761, because he percussed out the natural sound of the chest, and then described the "morbid sound," which we call dullness. He concluded that if the normal sound was not obtained "a morbid condition of some of the parts within the chest is indicated," and later uses the words, "that want of the natural sound." If there is an accurate history, some sputum with characteristic naked-eye appearance, and an

The History and the Signs

"No machine can lie," said Father Brown, "nor can it tell the truth."

The Mistake of the Machine
G K CHESTERTON

I "JUST A DOCTOR WITH A STETHOSCOPE"

FORTY-FIVE years ago I heard a distinguished physician tell his clerks that, in the making of a diagnosis, one physical sign was worth pages of history This made a great appeal to us, as you will understand, we were the proud possessors of nice new binaural stethoscopes that were going to teach us all about diseases of the heart and lungs And, furthermore, we were progressive The physician only put one ear to a wooden instrument, which he carried in his top hat, whereas we listened with both

Yet through the years that have gone by there have been some sad disillusionments with regard to physical signs, but none that I can remember in relation to case histories What were those signs which my old friend was seeking long ago? Did he not know that one generation is looking for a sign which may be discredited by the next, but that clinical histories have a way of repeating themselves and live?

For a good illustration of a history that has lived we may take Heberden's description of angina pectoris, published in 1772, stressing the fact that in the early stages the symptoms come on while walking—"more especially if it be uphill, and soon after eating" In modern phraseology angina of effort Five or six generations later we are still looking for a sign, but we have faith in our diagnosis if the history is obtained Heberden claims to have seen a hundred patients with the history of angina pectoris Observation of hundreds of thousands, since his time has only built upon his structure We recognise now the submammary aching which is so common in women

stethoscope inside the patient's mouth I do not think he made much of it, perhaps Wintrex is not the right name It is a long time ago, and in my presence he only once used the method. I do remember, however, that one of his colleagues remarked that this particular physician was still looking for a sign What was "cog-wheel breathing"? And what about it when it was? I take a little pride in claiming that I have forgotten some signs which once I knew by name quite well. I could hear the normal sounds with a stethoscope, and am glad to remember that I did not buy a phonendoscope to listen for things which the mind could not hear

In 1846 Addison published a paper on the *Difficulties and Fallacies in Physical Diagnosis of Disease of the Chest* I have not been able to obtain a copy, but he enumerated more than forty, from which one may conclude that much law had been laid down in the quarter of a century during which the stethoscope had been in use Someone ought to write an essay on "The Signs of the Times," beginning with the *Inventum Novum* and coming to the latest machine for the diagnosis of epilepsy.

Looking back to our physical examination of the heart, when I was a registrar, I think the use of the stethoscope in valvular disease was very good This was, of course, before Mackenzie's work was published or the electrocardiograph in use We knew little about arrhythmia. We studied the valves to the neglect of the heart muscles We had a good deal to say about "failure of compensation.' I would not suggest that there is nothing to be said about it, but that conception was rather an obsession in those days We talked too much about "functional" bruits which may have led students to believe they had relation to the functional capacity of the heart, whereas we ought to have labelled them bruits of no significance Those of us who were teaching knew the mitral systolic bruit which had significance of disease But this was the golden age of the stethoscope, which tempted the family doctor to diagnose a "weak heart" or a "strained heart' after his impressive auscultation All the same, I think Auenbrugger's approach by searching for the normal may be applied, with benefit, to the heart sounds themselves It would be interesting to write a paper on the heart sounds in

area in which to percussion there is want of the natural sound, we have the criteria for a diagnosis I do not underrate the importance of being able to distinguish the classical signs resulting from consolidation from those due to pleural effusion, but this may come second and the distinction is not clear on all occasions

From Auenbrugger's own writings it seems that his new invention was really applied science which he picked up in the wine-cellar of his father's inn, where it was the custom to tap the wine-casks from above downwards to find out how much wine remained No doubt the "morbid sound," to his father, would be what we call resonance His method was neglected at first—perhaps it hardly seemed dignified to treat patients as if they were wine-casks—but Napoleon Bonaparte's physician, Corvisart, revived percussion and made it more public.

Everyone knows that Laennec, in 1819, introduced mediate auscultation with his stethoscope The story goes that he got the inspiration from the case of a fat young woman in whom the hand could feel nothing and the direct ear was unsuitable, so he rolled up a quire of paper through which he heard the heart quite well

On these two methods of percussion and auscultation is based what may be called an ordinary physical examination In my day, in the wards of a medical teaching school, I think the technique was excellent Inspection and palpation were not neglected If I have a criticism, it is that sometimes there was too much subdivision of adventitious sounds, too much stress laid on variations of so-called bronchial breathing, and not enough on the importance of seeking for the evidence of normal lungs and heart I should say with Auenbrugger, if there is a want of the natural sound to percussion, we have disease in that area Sometimes the signs will indicate the form of disease, but frequently the history, and the associated symptoms, will settle the diagnosis Does anyone in these days demonstrate "the cracked-pot sound", I am inclined to think there was something in it, but I am more sure that it was safe to diagnose a cavity in the lungs, in chronic phthisis, from one's knowledge of morbid anatomy Who was Wintrex? And what was his sign? I remember percussing the chest for a physician while he put his

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After a long apprenticeship to the study of physical signs each one must select those of which he can make use Osler used to quote from Froude, "the knowledge which a man can use is the only real knowledge which has life and growth in it, and converts itself into practical power" Of course this has a much wider application than to the choice of physical signs but I have known good family doctors who limited their knowledge of signs to those they could use wisely, which served very well for their daily round I do not think one should begin physical examination by looking for some pathognomonic sign It is the want of the normal somewhere which is the first step down to a diagnosis I would not give the impression, however, that an ordinary physical examination should be incomplete I am assuming that the technique will be perfected as far as possible by each one of us, and would suggest that it is essential to give an opinion, either positive, doubtful or negative, before resorting to radiology by way of confirmation

Heberden's book was entitled *The History and Cure of Disease* What else could he call it in his day? Sydenham, a century or

so before, had used the same title and defined history as "a description that shall be at once graphic and natural." Now at this point you may say that of course the enchantments of a [illegible] deceived me into thinking that, when signs were perfected, history would be less important in a diagnosis.

II. Laboratory and Machine-made Aids to Diagnosis

It was in 1900 that I visited a famous Paris Exhibition and there, in a side-show for the public, saw radiograms of tubercular disease of the lungs. I think as a profession we were a little slow. I was being taught in that year to listen for a few râles after coughing just above or below the clavicle, as the earliest sign of phthisis. One of Gee's aphorisms about phthisis, which stands in the 1908 edition, is to the effect "Therapeutics must begin before physical signs have developed, for if you wait for physical signs, you wait too long." The use of radiology in the diagnosis of early pulmonary tuberculosis was brought before the Association of American Physicians in 1907 by Francis H. Williams. Harvey Cushing says that it aroused no discussion, and had to wa[illegible]

Th[illegible] mewhere in th[illegible] modern methods of physical aids to diagnosis had become well established. I wish to ask the question as to whether these advantages have deceived us into thinking that we can rely upon some machine or special department to make a diagnosis, without reference to the history, which Sydenham said should be "at once graphic and natural".

Here is a simple story, told thirty-five years ago and repeating itself last year, in which the history points most of the way to a diagnosis. The patient comes under observation for pallor and prostration which has developed in a few days, in a man previously healthy. In 1910 I was asked to take such a patient into hospital. The doctor gave me a clear history that the condition

health and disease, excluding bruits, although I admit it would make dull reading, and each one of us might have personal distinctions, from which we drew conclusions, much less definite than those we may hold in common, when there is present a characteristic diastolic bruit

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the dark. It can only be accomplished by one who has had long ... their value, as

... a space for a "provisional diagnosis"; although I admit that some label may be required in the office for admission. There used to be a little porter at Guy's called Victor, who ran messages, before the days of ward telephones. He sometimes carried one end of a stretcher, wearing a frock-coat and a bowler hat, but he was the brains of the party. I once asked him what he was bringing to one of my beds, and he replied: "I don't know, Sir, but I think it's a query enteric." That seems reasonable, but on the case-sheet, as ... followed by ... has been adm... to the physician if the patient came in to have the benefit of his opinion. I would, however, accept admitted "for observation." If a doctor asks for an electrocardiogram the request should be granted but the reply should be a full report about the heart including reference to the history. When a doctor tells his patient that he will send him to hospital "to be X-rayed to find out exactly what is the matter," it tends to give a false ...

... portant that there is little danger of neglect in that direction. I am thinking of ... may I say, le... would send ... with his patient to hospital, but that many of his successors tend to assume that the physical methods available in hospital will, of themselves, solve the problems of diagnosis. It so happens that I wrote a chapter for an ... "Perl... to le... wher... print... in italics.

Sometimes when I have talked of these ideas, I have been told

had come on comparatively suddenly. He regarded it as an unusual problem in anaemia No doubt you have suspected the diagnosis, which proved to be a bleeding duodenal ulcer The doctor may have missed the point of the history, and therefore failed to discover the melaena, but he sent the history with his patient In 1944 a soldier was admitted with similar symptoms with similar history (when we took it ourselves) but with a note from an Army medical officer which only read "Black stools, ? enlarged liver, ? dilated heart, ? endocarditis, ? myocarditis" The haemoglobin reading was 40 per cent and a rectal examination confirmed the melaena He had collapsed at a railway station two days previously I need not recount the progress we have made since 1910—in haematology, biochemistry, cardiology and radiology—but you must allow me to claim that the first approach to the case was better in 1910 than in 1944 Because in this latter event the patient arrives with the assumption that we shall make investigations (shall we call it "the machine-gun method of diagnosis") one of which will hit the target

Do not let me give the impression that I am reactionary, as it might be—asking for "the good old days" in which Sir Samuel Gee said phthisis must be diagnosed before there were signs or it would be too late Nothing is further from my thoughts, but I do wish to suggest that modern advantages in physical diagnosis make it more difficult to be a good doctor, with sound knowledge of natural history

Tweedledee said "I generally hit everything I can see—when I get really excited" To which Tweedledum responded "And I hit everything within reach, whether I can see it or not" If we adopt the machine-gun method of firing at everything within diagnostic reach, in an aimless way, there will be many successes, although, even then, a diagnosis without the history will leave us with an incomplete understanding of the patient and the problem of treatment There are many cases, however, in which signs are wanting and investigations draw a blank It takes a well-trained marksman to pick out the right target by direction of the history, and visible only in the light of a few symptoms When this is successful, you must not say that the physician only stood at the foot of the bed and made a shot in

the dark. It can only be accomplished by one who has had long practice in choosing investigations in order of their value, as assessed in the light of the history and symptoms

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The perfection of physical diagnosis is so attractive and important that there is little danger of neglect in that direction. I am thinking of the changing times The progress is obvious, but may I say, lest we forget, that an old doctor thirty years ago would send me the essential history notes with his patient to hospital, but that many of his successors tend to assume that the physical methods available in hospital will, of themselves, solve the problems of diagnosis It so happens that I wrote a chapter for an American textbook in 1938, in which I penned the words 'Perhaps the extended use of instruments of precision has tended to lessen our interest in case histories." I was interested to find, when the book was published, that the distinguished editor had printed this sentence in italics

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The Signs of the Times

"Does this electrocardiogram of my father's show any evidence of disease?" said the Medical Student.

"No," said the Physician

"Our family doctor," said the Medical Student, "has advised him to take things quietly. But of course the doctor is behind the times"

"Tell me the whole story," said the Physician

"The doctor looked at the electrocardiogram," replied the Medical Student, "and said he did not mind these Ps and Qs, although they might be important, but he did not like the pain my father got behind the sternum when going up hill."

"He is a good doctor," said the Physician "That is as up-to-date as it was when Heberden described it in 1772."

"Are all these physical examinations a waste of time?" asked the Medical Student.

"They are of the utmost importance," replied the Physician "At the present time we are perfecting a technique to demonstrate coronary insufficiency. But the first word comes from the history of the symptoms And in some cases this gives the last word also."

that all students are taught to take a careful history—I do not doubt that the majority of students do But I find evidence, in this machine age, that the busy resident tends to neglect the history in diagnosis A detailed history, recorded in the interests of scientific investigation of disease, may be studied at leisure but a brief history to the point must be obtained when first seeing the patient, or one fails to get a clear conception of the problem in hand The history is essential for interpretation of so many signs and may be a reasonably sure guide to a diagnosis when investigations and physical examinations draw a blank It will not do, however, to ignore the history until we meet a case like this, because we shall not have acquired the gift of being able to assess it

Perhaps these thoughts may be looked upon as glimpses of the obvious But have you ever noticed that if you put something on your desk right under your nose, and pay no attention to it for a considerable period of time, you develop mind-blindness to that object, and only the upheaval of spring cleaning, which moves it to one side, will make it truly visible again? Something like this happens to the brain that does not begin by considering the history first in every case If I tell a house physician that I think the history usually wins, I only mean that it earns the reward which is due to that which first led to the capture of something so elusive as a correct diagnosis

It may be that I have been prating over-long about a chance remark made by a physician many years ago The psychologist, however, will sympathise with my interest in case histories, and he will understand that it relieves my mind to say that the impression made upon me by this remark while I walked the wards as an undergraduate has been modified considerably by experience gained during the longer walk of my post-graduate studentship

atmosphere which the hospital system and a good ward sister provide.

It took the layman some time to learn that the claim to be a genuine consultant was based on hospital experience. Sir George Savage used to say that definitions are of the devil. It is not easy to define a consultant, but in the privacy of our own profession, steadily and surely, we have tended to put foremost the question of his hospital experience, and also as to whether he usually gives a second opinion at the request of another doctor. It would be about 1910 that the British Medical Association made some attempt to set up a special class of consultants, but nothing came of it. In 1944, discussing the White Paper on a National Health Service, we cannot get a better definition than, "one usually accepted as a consultant in the area." Generally speaking, however, we know what we mean and by this time have with us the consultant based on a hospital, [illegible]

[illegible] the latter name. The best test of good work is the judgment of many individual family doctors, and, moreover, the giving of second opinions entails a close association with history and medical evidence provided by the patient's own doctor. This widens the experience of the consultant, and many specialists work along these lines, but the specialist who takes patients direct and the salaried specialist may be denied some of this advantage. If we are planning for the future we must remember this. At the same time, in a national scheme, we might be able to relieve the present difficult economic position of the general physician and encourage his survival.

It is rather surprising to find that Gull wrote in 1861 of the "popular prejudice in favour of specialists unfortunately too readily responded to by our profession." If he were to return, he [illegible]

[illegible] the specialist. In effect he gives the specialist his dip-

The Consultant and Specialist

> The author does not pretend to deliver thee an exact piece, his business not being ostentation but charity But it contains hints that may *serve thee for texts to preach to* thyself upon Accept and improve what deserves thy notice, the rest excuse and place to account of goodwill to thee
>
> *Some Fruits of Solitude*
> William Penn

It was in 1862, to point some moral *in political* economy, that John Ruskin used the words "Sick, we do not inquire for a physician who takes less than a guinea, caught in a shower, we do not canvass the cabmen, to find one who values his driving at less than sixpence a mile" Perhaps it did point a moral, but I have known good doctors who have responded to a call, and diagnosed correctly acute appendicitis or scarlet fever, for a fee of considerably less than a guinea

Now what has this to do with the consultant or specialist? Essentially nothing whatever, and yet, if one recalls the impres-

as a man who sat behind a handsome desk on which he wrote a prescription for some medicine more efficacious than the simple bottle wrapped up by the family doctor It was well into the twentieth century before it was generally understood that the chief function of the consultant was diagnosis, and by this time *special methods of investigation and the specialists* were well established One heard complaints that, whereas formerly a patient might be sent to some door with a distinguished name upon the plate, now he might be sent from door to door, all along the street, before a final opinion was given And then came the diagnostic clinic in which all the facilities of a hospital were available, and yet there might be something less than a hospital ward achieved—something missing of the cheerful optimistic

medicine was more fun than playing cricket, but that sometimes an examination cramped the style of our education.

In 1902 a friend of mine told Mr. Lane (later Sir William

examination in old wives' tales. Chesterton says: "Woe unto

another example of Lane's gift of showing up some aspect of a subject which our duller brains might miss. The old-standing diplomas, however, which have stood the test of time and which cover a wide field of professional activity, are in a different category from those more recently established in some narrower field.

A speciality carried out by salaried officers may reach a very high standard, but if it should be low the profession locally have little opportunity of voicing their criticism. Of tuberculosis I can write historically It made a bad beginning under the State. Osler, who had been a

in 1911 that he

whole life and

the dispensaries should be associated with the general hospitals was not followed. The medical officer of health in the county where I practised told the profession and his lay committees that a certain physician was "the greatest benefactor of mankind

, because the idea was so tempting of belief for an administrative officer. The family doctor and the hospital con

made a start so disastrous as was made to the tuberculosis scheme. It was an example of specialisation divorced from any claim to be a second opinion, and I knew good family doctors who refused to notify their

loma The royal road to consulting or specialist status has been through holding a hospital appointment With the voluntary hospital system the number of consultants on the honorary staff has been limited by the amount of private consulting work available in the district To add to the number on the staff would have lowered the standard of the work Under a national service this should not apply We are told that many more specialists will be required, but the essential need may be expressed by saying that the personnel of the hospital staffs must be increased We must not prepare more specialists than the hospitals can absorb A certain proportion of those who enter the general practitioner service should have the opportunity of graduating into hospital consultants

G M Trevelyan, in his *Social History of England*, wrote, "and so the stage is set for the gradual standardisation of human personality." It is a thought worthy of consideration in relation to these comparatively new special diplomas They certainly qualify a man to become a good first assistant in a department, but they must not be allowed to limit the outlook of those who obtain them Take, for example, a recently constituted diploma in physical medicine I am told it will be of value for one who undertakes work in a rehabilitation centre That may be so, and yet this knowledge is less important than wide experience and real enthusiasm capable of infecting other people I mean the type of man who can captain a cricket team, who could have led a revival movement or who could organise the recreation time of his patients so that they create once again their own interest in life. In fact, the sort of man who would light his pipe with a diploma

During my time at Guy's we won the inter-hospital cricket cup three times Someone with a diploma in batting would have made a useful man to open the innings with a more brilliant colleague, and perhaps another useful man at number six or seven One with a diploma in bowling would be helpful to keep down the runs, while more enterprising fellows, who could mix them up a bit, took wickets at the other end But a team composed of cricketers with diplomas would be a dull side only capable of playing for a draw If this is nonsense—I only wish to say, that, when I was an undergraduate, many of us thought the study of

ence. But I agreed entirely with his rules; it was the rigid interpretation by his little disciples, who thought themselves so big, which I upset. I should have got a bad mark if I had been staying in the service.

Of course a man who poses as a heretic can be a nuisance. Samuel Johnson said, "when I was a boy I used always to choose the 'wrong side' of a debate, because most ingenious things, that is to say, most new things, could be said upon it." If the things are capable of proof, however, let us settle the question.

The classic example of orthodox power being exercised over a heretic came in 1559, when John Geynes was cited before the Royal College of Physicians for impugning the infallibility of Galen. Next year, when he [illegible] reclaimed heretic held posts of honour in the College soon afterwards. Perhaps it was in the best interests of the community that the profession should be orthodox. And possibly John Geynes may have been wise in his generation. There is little gained by being burned at the stake for a trifle. By all means let us be orthodox; but the trouble is that history does not suggest there is hostility if the original ideas are false, but it makes a considerable upset if they are true. What was in Sydenham's mind when he wrote of those who might deem themselves injured when others proclaim new facts of which they themselves had no previous knowledge? After studying fevers for fifteen years he could write, "better would it have been for my present fame to have continued some vain and useless speculation."

Of course, some of our forefathers put forth their views in a rather tactless form. There was a certain Samuel Haworth, Fellow of the Royal College of Physicians, who published in 1682 "The true method of curing consumption; wherein the vulgar method is discovered to be useless and pernicious." He is stated to have gained some notoriety as a curer of consumption by a special method of his own.

No doubt Locke's dictum that, "truth scarce ever carried it by

patients When a salaried specialist is appointed, the family doctors in that area should have considerable responsibility in choosing him

The venereal disease clinics have in most areas been attached to general hospitals This only came about in the first instance so that the patients should have privacy But the officer in charge has derived benefit from being in touch with colleagues working in other branches

In a State service, it is inevitable that there should be some degree of uniformity, but this may be stultifying, and there is similar danger in relation to special diplomas In the first World War it was my good fortune to act as one of the pathologists to the most famous hospital for venereal diseases in France I arrived at a time when the master mind had left for a post at home The hospital was in first-class running order, based on his experience and technique, but it was all according to authority For example, he had laid down the wise law that no man must be submitted to an anti-syphilitic course of treatment until the

had taught that no primary lesion must be treated by an antiseptic ointment, and no man must have an arsenical injection, until the organism had been demonstrated—it was more or less an army order—because it would rob the pathologist of his opportunity of proof

When I came on the scene this was an accepted principle, and if by chance a patient came up to the laboratory for investigation of a primary lesion to which some antiseptic had been applied, my senior colleague (my junior in years) would dismiss the man with a note to the effect that to look for the spirochaete was a waste of time This was bowing to authority, and perhaps showing self-importance at the same time Eventually I obtained leave to investigate these patients, with the result that a little perseverance always led to the finding of the organism When I sought out some men who had received one injection of arsenobenzol and demonstrated the spirochaete from them, I was treated as a heretic. I had impugned the infallibility of a man of great experi-

of equal status The enthusiast who begins the trial under the eyes of these colleagues is criticised at a table of half a dozen or more residents. The truth is soon arrived at—no hospital Board worth its salt will criticise the expense—there need be no window-dressing if the treatment is discarded, and if it is successful the colleagues are using it almost before the first to introduce it is prepared

There is little to criticise in those specialities which have stood the test of time The criticism comes when a new instrument of precision, or some special technique in diagnosis, takes one particular organ out of the general wards I heard the late Sir William Wheeler give one of his last addresses, in which he suggested that we might have a specialist trained in the use of all 'scopes.' The time and dexterity required to perfect the handling of some new instrument may confuse a busy man, but it is not good practice to contract the field of the clinician by reason of this. I heard a senior physician say that a certain instrument was regarded as sacred—to be touched by the elect only This will pass. When a student is required to show some knowledge of it in his examinations he will claim to use it if later he comes upon the staff of a hospital.

Sir James Mackenzie in his later years preached the doctrine of [illegible] We should encourage the evolution of medicine along these lines There is a saying that you cannot put back the clock, but we do put it back each autumn. All honour is due to those who have worked up a speciality, but they must not work it to death or create some vested interest. A time may come when the true vitality of the subject depends upon its return to the general wards

Youth and age have each their point of view but Mr Churchill said to the Royal College of Physicians "The longer you can look back the further you can see forward." The wisdom of [illegible]

vote anywhere at its first appearance," is both true and all for the best because the opposition is a necessary check, and the truth in time will prevail Osler says, "in science credit goes to the man who convinces the world, not to the man to whom the idea first occurred" The credit is due, and the actual prophet who began it must not expect much sympathy from those near at hand Some of Addison's original papers on disease of the suprarenals were refused publication in the transactions of a society of which he had been president, but he was not without honour in France, where Trousseau gave the name Addison's Disease The *Autocrat of the Breakfast-Table* says "Every real thought on every real subject knocks the wind out of somebody or another" I suppose the full blast of it is tempered when it goes across the seas

It is true that one who specialises in a particular disease will know most about some aspects of the problem Particularly so if there is some technical treatment to perfect Hilton Fagge is described as having no predilection for any one class of disease, which may lead a man on "to some inferior work requiring little more than mechanical nicety for its aim" There are times when mechanical nicety is most important, but the limitations must be recognised It may be attractive to take up a special branch but I have been interested to notice that a young enthusiast may find that in time his interest flags He may wish that his work was of a more general nature The economic struggle may tempt a young man into a narrow field with diploma and a salary, but if the whole economic situation is under review it should be possible to lessen this temptation by offering a life of wider scope

We have nearly stamped out typhoid fever, but this did not throw any specialists out of work It will be a long and arduous task to control tuberculosis, and we must remember that the general physician and the family doctor are likely to have better facilities for thinking out the problem than those who are associated with technical treatment We sometimes hear of obsolete operations The specialist in the treatment of one or two diseases must look forward to the day when he himself will be obsolete

The narrow field of specialism may not be the best in which to try out a new remedy There is no doubt that its worth is proved most quickly and surely in a voluntary hospital, with colleagues

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Sir James Mackenzie in his later years preached the doctrine of the Simplification of Medicine. After a period of research work in some special branch this should be possible—rather like the Alpine climber's slogan of progress, from an inaccessible peak, to a difficult climb, to an easy day for a lady We should encourage the evolution of medicine along these lines. There is a saying that you cannot put back the clock, but we do put it back each autumn All honour is due to those who have worked up a speciality, but they must not work it to death or create some vested interest. A time may come when the true vitality of the subject depends upon its return to the general wards.

Youth and age have each their point of view but Mr Churchill said to the Royal College of Physicians "The longer you can look back the further you can see forward." The wisdom of experience

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The Fable of the Belly and the Members Up-to-date

"WHAT's all this commotion?" said the Constitution.

"Well," said the Heart, "my cardiologist tells me that I make [illegible]"

[illegible] ves are respon- [illegible] "can show my outline like a tea-tray in the sky, you must not call me Belly any more"

"Quite," said the Colon, "but I would ask you to remember what distinguished surgeons . . ."

"We know," said the Constitution, "they would not keep you in your place You should neither be seen nor heard."

"Do you suppose," said the Pancreas to the Liver, "that these people ever heard of a metabolist?"

"I doubt it," said the Liver, "but I am not impressed with his efficiency"

"Our ancestors," said the Blood Corpuscles, "made their home in the web-foot of a frog, but now our haematologist seeks us in the breast-bone when we are in the tadpole stage."

"Yes," said the Constitution, "he can tell you, as a shepherd tells his sheep, but he cannot tell me why your tadpoles go astray."

"My psychiatrist," said the Mind, "could keep all the rest of you in order"

"So they tell me"—said the Constitution, "But, my children, this must cease or it will end in tears. To-morrow you shall see my family doctor"

"What!" cried all the organs together, "see just a doctor with a stethoscope in these enlightened days!"

"A doctor with his senses," said the Constitution: "who else may use the words 'pull together'? I am afraid that the general physician to whom my doctor refers his more difficult problems may soon be retiring from practice."

Withey Gull, Dr Charles Hilton Fagge, Sir William Osler, Sir James Mackenzie, Sir William Wheeler and—well, I must not claim the same distinction as Mark Twain, who said that a number of distinguished people had died recently and that he did not feel very well himself (Barrie, in one of his personal letters, says "There ought to be an exclamation mark here, but it is against my principles")

The voice of experience is not raised against specialisation itself, but rather in fear lest we should lose the general physician or surgeon with a wide outlook, whom Sir William Osler described as the "leaven of the whole profession"

These rather disjointed notes contain a little history, a little personal bias, some hints (not meant to be presumptuous) with regard to the spirit of planning May I conclude with the words of William Penn "Accept and improve what deserves thy notice, the rest excuse and place to account of goodwill to thee"

I can understand that when a young man sees a consulting surgeon, gives the name of his doctor and proudly claims that [illegible] it tells you that some mother has taught her son to respect the man upon whom she has relied in rough times and smooth. In these [illegible] invent our own anxieties, just as Alice in Wonderland said to her governess, "Let's pretend that I am a hungry hyena and you are a bone." What life may be like in the future nobody knows, but human nature will be much the same; and I am convinced that the confidence and esteem which the doctor receives from women whom he has attended in confinements is a very potent therapeutic agent, both in prevention and cure of disease, for herself and her whole family.

Suppose we take a simple story which may be attributed to a friend of mine. He attended the wife of a curate in her first confinement, and in her own house. The monthly nurse was provided by the patient's parents. It all went according to plan, with "the gift of a daughter." A few months later the doctor came to vaccinate the child, only to be told by the mother that she would run into another room, because she was so nervous. I do not wish to be told she was rather a silly woman [illegible] issue. The doctor tol[illegible] knee. He said there [illegible] was not allowed. As [illegible] the leg in those days), he foretold the day when he and the mother would be in harness together over an obstinate tooth that was reluctant to sprout through the gum, or a day more distant when like all well-brought up children she would have spots like a leopard, because she had the *measles*—trivial stuff but sufficient for the occasion, and before the mother knew it, the vaccination was over. Rather like the story which the medical students related to Mr. Pickwick, of how Mr. Slasher had removed a boy's

The Spirit of the Family Doctor

> So it is that he brings air and cheer into the sickroom, and often enough, though not so often as he wishes, brings healing
>
> R. L. Stevenson

Let me begin with a reminiscence of a fairly recent date We were a Study Circle of the British Medical Association, officially elected to discuss the reorganisation of the medical profession under a National Medical Service We did not all think alike—how could we? Better perhaps that we should not, but we had laid down the general principle that we would consider the best interests of the community We were studying the position and duties of the doctor primarily responsible for looking after the worker and his dependants I do not like the appellation General Practitioner—it suggests a Jack-of-all-trades I prefer the name of Family Doctor for a man who can be, and frequently is master of us all I was taking exception to a scheme in which the family doctor would no longer attend confinements, because I believe his influence in the family would diminish Of course, in these days of domestic problems, he is already doing less obstetrics as more women go into institutions for the event

One of the surgeons of the Study Circle said that my view was all sentiment, the work could be done better by someone else Of course it is all sentiment, that is just the point When a woman has her first baby there is a lot more to it than just a child being born The doctor who sees her through the confinement receives an affectionate regard, which lasts a long time, whether the mother is the wife of an artisan or what is called a great lady He gains her confidence, which means so much to both and is of considerable importance for the future health of herself and her child

Sentiment may seem to be so trivial We do not wish to talk about it, we almost feel we ought to be ashamed to mention it, and only a gifted writer can express it in words, but if it be the *right kind of sentiment* it is one of the biggest things in life

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[illegible] great a theme. One might wander off into suggesting that social security may kill high adventure. Security may tempt us to invent our own anxieties, just as Alice in Wonderland said to her governess, "Let's pretend that I am a hungry hyena and you are a bone." What life may be like in the future nobody knows, but human nature will be much the same, and I am convinced that the confidence and esteem which the doctor receives from women whom he has attended in confinements is a very potent therapeutic agent, both in prevention and cure of disease, for herself and her whole family

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It is no easy task to describe the best spirit of family practice as seen during the life of a generation. When a young man begins he is like a fish out of water. Even if he has acted as a locum on a few occasions his new responsibilities are not the same. No [illegible]

[illegible]

league, or perhaps he spots an early disseminated sclerosis and is surprised to find that it might have been better management to have allowed the diagnosis to come along, as it might be, more gradually and by stages.

I should say that for about five years there is some spirit of dissatisfaction. But all the time that he feels he has been doing rather trivial things, from the point of view of medical science, the background has been growing, and contentment creeping in. A lot of things which he knew for examination purposes are forgotten now, but quite humbly he is conscious of the fact that he has learned much of real value which many of his examiners never knew. He cannot give it a name and perhaps never will, but something important is growing. He looks through all these articles in the medical journals, of which so few are any help. He keeps a note-book for new treatments which can be tried in [illegible]

[illegible] pocketed all the wisdom and we really learn something.

Nowadays we are so obsessed with the word "specialist" that we hear sometimes that there should be a speciality of general practice. This probably comes from a justifiable desire for the recognition of the gifts and experience gained in practice, although we must select a better word than "specialist." It would [illegible]

[illegible] advantages from the progress of

leg out of its socket so expeditiously that, "exactly two minutes after it was all over, boy said he wouldn't lie there to be made game of, and he'd tell his mother if they did not begin "

Some of my medical friends would say this is trivial and others that it is art There are, of course, many ways of letting a woman know that she is the doctor's chief stand-by and he is hers in piloting her child through the early years of life. But it is a lesson she must learn and doctor, mother and child will need courage and wisdom for the journey

Now when we heard so much about cyclic vomiting and feeding children with glucose, this same doctor was puzzled to think that he had seen no such cases in his practice, until he realised that the disease does not exist where mothers are not allowed to be nervous The pediatrist, with his trained hospital sister, will handle a nervous child with exceptional skill. On return to my old medical school I have been more impressed with a clinical round in the Children's Ward than with almost any other of the *innovations—in my time they were nobody's children, just dotted* about the adult wards in an odd cot here and there. The pediatrist knows that the treatment of the nervous child begins with the education of the mother, but it is the family doctor who has the opportunity, and the specialist on some occasions must begin by removing the child from home surroundings which should never have developed, and perhaps would not have done if mother and doctor had begun with the right respect and goodwill engendered at the time of the child's birth

In an idle moment the day after I wrote these notes I glanced at a newspaper, in which I read the words, "It is the decline of this great *spiritual influence of motherhood among our people* that concerns me more than the falling birth-rate " Sentiment again, but I believe it is a sound one If a change in the medical services is already taking away midwifery from the family doctor and eventually leaves him none, I believe that he and his patients will lose something which it will be difficult to replace He can no longer be called the family doctor if the sentiment is gone There may be some other way of keeping alive this feeling, but if we cut out the sentiment the doctor's calling may tend to resemble that of a mechanic dealing with machines

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keeps a note-book for new treatments which can be tried in general practice, but finds few of them convincing. He attends medical meetings where cases are shown; he meets some nice fellows, while medical knowledge advances. Perhaps in fifteen or twenty years he takes the presidential chair, and when he gives his address we find that, while others have been pottering about with knowledge, he has pocketed all the wisdom and we really learn something

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medical science In the nature of things he is at his best as an individualist, and the collective bargaining which National Insurance has entailed may have been detrimental to his good name It has led to misunderstanding I remember meeting some nice Trade Union officials who wanted some cheap doctoring They were posing quite genuinely as good Samaritans, and I could only tell them that we represented the society for prevention of cruelty to animals, whose duty it was to see that no beast of burden was given an unfair load to carry As individuals we have many opportunities of showing generosity If we are compelled to go a mile with anyone, when we are in no mood to go at all, we do not stop short of going twain The public take our generosity for granted, which is a well-earned compliment, and then in some collective bargaining we are misunderstood Nevertheless, the family doctor who has the right spirit can always command the respect of a host of individuals And this brings his reward

Perhaps the reputation of the family medical adviser was at its highest about 1891 when Sir Luke Fildes painted his picture, "The Doctor" At that time, nearly all those with a medical qualification were engaged in clinical work They knew the difficulties of the doctor's calling and they knew his worth During my time I have noticed a tendency towards criticism of his work which has been unfair, although sometimes given inadvertently When the Minister of Health states in the House of Commons that "measles in now a preventable disease," it naturally creates the impression that the family doctor is out of date when he says *that children should have the measles at home, to get it over,* before they go to boarding-school or college The public do not hear the other side of the story, when the Minister's grandchildren *and those of his chief medical adviser have the measles in due course*

The clinician knows that some types of health propaganda make for disease consciousness He believes that, often enough, it goes to the wrong address so that a so-called Health Week leaves him rather cold His want of interest may injure his reputation or at least there may be the impression that if the public could only have a doctor like the lecturer they would indeed be

favoured. In my out-patient department a mother brought me a boy, ten years of age, whose head had been turned by health lectures at school. He would come home and refuse to drink tea but ask for water. I advised him to write out some of these ideas and bring them to me. Amongst others I learned "then the lecturer writes on the board how to avoid influenza." A few years later, when he takes his medical card to be signed by a doctor, he may be disappointed with some of the replies to questions he may put. The family doctor, in the main, grows into a man of outstanding merit, so that perhaps it does not matter. But I think it is true that both salaried specialists (in contrast to consultants) and the numerous people with a medical qualification, who do not practise clinically, have done something to injure the reputation of the family doctor.

Great changes are under discussion. Sir William Beveridge has written that it may not be worth while to keep private practice going. Should this be the case, the doctor primarily responsible for the individual—that is the new family doctor—should insist that he goes to the top, with the right to see that the public health services, the consultants, the specialists and the hospitals provide what he requires for his patients.

Now about this wisdom that he gains. The individual wisdom of the family doctor is valued by many consultants who are associated with his work. They learn from him things that are outside their own experience. The part of an illness which they see is made into the whole picture by what the doctor in charge can relate. But there is scope for collective clinical wisdom, which is in evidence when experienced family doctors take part in some clinical discussion. There is an interesting record of a meeting of the London Medico-Chi in 1888, when a discussion on puerperal fever was opened with a bacteriological paper giving evidence of streptococcal infection. Of the six speakers who followed, half favoured the "germ" theory, and half the autogenous (whatever that may have been). A country doctor from Reading spoke for the germ theory, giving his personal evidence that unhealthy dwellings were a fertile cause of the disease.

We all know of the famous men, Jenner, Koch and Mackenzie, who came from general practice. These names, or others, may be

mentioned at a medical meeting in the spirit which suggests that a similar life might come to some of the members present, but the real compliment should be that when any new scheme for preventive or curative treatment is under discussion, there is need to seek the collective clinical wisdom of family doctors, which can be expressed in clinical meetings

In more recent years one has heard the proposal that State Medicine should meet clinicians for discussions, from which both might profit There has been little of practical value, however Some time has been expended on the economic aspect of who should do some work—whether the family doctor or the whole-time officer The work in many cases might have been better done —occasionally perhaps better left undone—if the wisdom of good family doctors had first been sought

Professional rivalry is a very difficult problem From this I have seen much stimulus for good and little which did harm The un-ethical have had their short day and not prospered for long Fancy treatments and self-advertisements of the Bob Sawyer type soon cease to impress But a little local rivalry judiciously worked up may be beneficial I have known a village where two practices keep apart deliberately The story goes that the villagers would pick up sides on the bowling green, Dr A versus Dr B, although neither doctor was present—as it might be married versus single or Liberals versus Conservatives It was really a pose Samuel Johnson once said that he liked a good hater, by which, I take it, he meant that a firm dislike of one thing implied a warm advocacy of another I believe with these shrewd old enemies that it was a put-up job Then came junior partners who bridged the gulf by playing cards together Hot partisanship could not stand up to this, things became lukewarm and eventually two practices fused together

There is nonsense talked, in the abstract, about professional jealousy It is a grievous fault to be envious of another man's success, but a doctor must be jealous of his reputation It is one of his best therapeutic agents We cannot lay down fixed ethical laws and it is better to think of the "Golden Rule", although even the Royal and Ancient at St Andrews would be hard put to it to interpret this rule in some cases

Well, here is my suggestion. Never allow the other man's reputation to suffer through your action or word. I would fix this firmly in the minds of all reputable members of the medical profession. A doctor's reputation is one of his most important assets in treatment. No one of us knows when some desperate unavoidable catastrophe may come our way. We all live in glass houses, and happy the man who feels that his own reputation is so sure that he dare admit that some disaster, of which he may hear, might have befallen him. Dr. Guthrie tells us that Isaac Judaeus, an Egyptian Jew, in the ninth century A.D. put forth the maxim: "Should adversity befall a physician, open not thy mouth to condemn, for each hath his hour."

[illegible] from his friends. A woman [illegible] never done her any good whatever. He responded: "Twenty years; *that is a long time.* How many people are there in this room who can keep a patient twenty years, when they have never done her any good whatever?"

A reputation sometimes may be based, in part, on the atten- [illegible] There is a record of William Battie, [illegible] with four horses to bring the doctor to him; but when the doctor prepared to prescribe, the Provost, who was ninety-four years of age, said, "You need not trouble yourself to write; *I only sent* for you to [illegible] in the neighbo[u]rhood." That was a [illegible] rivalry, for which the best corrective is to fight it out on the golf course.

It is an old saying that it is easy to make a reputation but that it takes a good man to keep it That should be the spirit for the family doctor He should not be in a hurry to gain credit in the neighbourhood, but should build upon the sound foundation of good work, carried out according to his natural character

He must be prepared to find that a difficult patient may leave him for a rival, and, just to prove her case, will become easy to manage by the new doctor and loudly sing his praise—for the time being at least He must remember that he will gain some reputation from happy events over which he had little or no control, and must be prepared to suffer for misfortunes for which he could not justly be blamed Soon after I was in sole charge of a practice, an important elderly man had to be introduced to "catheter life" We did not remove the prostate in those days He made satisfactory progress and was carrying on his business, but on the morning following one of my visits he died suddenly in his chair Three married daughters were there on my arrival, all calling out to know why I had not told them that their father was going to die They all changed their doctor, which from their point of view I could understand For myself it seemed a bad beginning, but in case this should meet the eye of some doctor with a loss of reputation from similar event, perhaps there is no harm in a[illegible]

of one of

If one i[illegible]

not without interest to note that a generation of rich people grew up—mostly out of the first World War—who were too self-important to have anything so ordinary as a family doctor Some people may have heard of a book called *The Citadel* Now if we were all scholars, as formerly, and this book had been written in Latin, it would have been a very good book It exposed the malpraxis of a ring of so-called specialists But written in our mother tongue it is open to the criticism that it made a sensational appeal to those who could not see all round the problem I accept the last episode in the book as the author's idea of good medical practice, although I myself wish to see all special branches of medicine practised from large hospitals For the main theme of the book, however, should not the author have made it plain that

none of these rich people need have been exploited if they had [illegible]

receive sympathetic treatment. There is one bitter jest, however, of a distinguished surgeon, who when asked what a certain operation had been for, replied a hundred guineas; and the question then corrected to what the patient had got, brought the same answer—a hundred guineas. This was in 1926, about the time when the rich were going direct to the specialist after the first World War. The picture was making history, because it is the pride of our profession that a good family doctor can always get what is really distinguished assistance, when it is really needed, free of charge or at a minimum cost.

There can be no batsman without a bowler, you cannot have a consultant without a family doctor and even if there is only one needed for a diagnosis (which as a consultant I am not prepared to admit) you must have two for the treatment. Here is a simple story. A friend of mine took a small boy up to London to see a distinguished orthopaedic surgeon. There was a birth-palsy around the shoulder joint. Perhaps it is called Erb's paralysis. The surgeon gave a very clear opinion, his whole technique was perfect. He then said he would like the child to sleep with his arm away from his side, turning to the mother and suggesting she might put a pillow between the body and the arm. The doctor said they should buy the biggest Teddy Bear in Hamleys. The surgeon turned to his secretary and whispered, "make a note of that." That is consultation. How could a family doctor of experience miss a thing like that? When a man has stood by a mother, many times, at the side of a cot, he must sometimes have felt sentimental about that doll clutched to the side of the sleeping child. It is contrary to both sentiment and science to pull it out and replace it by a pillow. He did not know that it might be useful for Erb's paralysis, but the words "sleep" and "child" filled his mind with pictures. There must be two to a consultation.

Some fifty years ago there was a catch-phrase "What shall we do with our girls?" It would be easy to answer now that we must keep pace with them if we can, but time was when many of them

became children's governesses One of the biggest changes in family doctoring is the loss of these women and the faithful maid. There was, moreover, some girl who could take over family and home nursing duties in most of the streets where artisans dwelt Some of my generation could tell a long and sentimental story of those happy, helpful women of the past, sowing kindness and reaping sympathy, never in want of a home Some of them helped to bring up three generations of children—they knew all child psychology and their example was merged in precept What a lot a young family doctor learned from them It was of the utmost importance to gain their confidence, and on the whole it was gained by quiet, efficient doctoring—such a woman was looking on, she had not chosen the doctor but could judge his worth.

Sometimes the young, untried governess put up a cry of an hysterical nature for sympathy Thirty-five years ago, at a dinner-party, a woman told me of her unfortunate experience It seemed that a new governess had been a little overcome by some unruly children, which led to some sort of collapse A phlegmatic husband advised my friend to burn some feathers under the patient's nose This set up a convulsion, so that the husband had to carry her up to her room and run post-haste for the doctor Here was further misfortune, the doctor was on holiday and an unknown locum was in charge Husband and locum came hurrying round together, and when the mistress of the house explained the serious situation to the doctor as he climbed the stairs, he sat down half-way and shed tears of silent laughter This was the story I was told at the dinner table, and I was asked, "What sort of a doctor was that, to be left in charge of the practice?" Well, I said then, and I still think, probably a good one. But I told my friend that she had every right to be cross with him

The difference between the chosen consultant and the official specialist of State Medicine is worthy of consideration In British Medicine, of which we are justly proud, the consultant has relied economically upon the support of the family doctor It has been an excellent stimulus As a political catch-phrase this is called a profit-motive But a wise patient knows He understands the motive and whom it profits when the consultant and the family doctor meet

It is probable that Stevenson's ill health was the reason why he wrote so kindly of the medical profession. If the rich man or the politician is ill, he develops a respect for the doctor in charge of his case, but it would seem that in good health he may be less sympathetic to our profession. Those who are in the habit of exercising power may find us elusive fellows.

The family doctor is at his best as an individualist. What a pity that those words from an Epistle, "to be all things to all men," have sometimes been misinterpreted as suggesting a character not quite honest, whereas their spirit is to have charity and understanding for every point of view. The family doctor in my time may claim to have been all things to all women and children. We may smile sometimes with Mr Punch over bedside-manner jokes or other little ways, but there comes the day when the doctor arrives cool, collected, and understanding when circumstances are grave, and we meet the man himself. Rarely do we find him wanting.

A few years ago, I was asked to visit a child four years of age, who was the grandchild of a doctor. It was obvious that she was nervous, but we carried off the situation without mishap, including a thorough examination. After which it was evident that she had found a new experience quite enjoyable. As a token of regard she handed me a picture she had drawn, and just as I left the bedside a small voice uttered the words "I thought you'd be worse."

The child is the best teacher of psychology, and I think this remark sums up a great deal of the spirit of what a patient feels after the doctor's visit.

The Doctor of their Choice

"I LIKE my doctor," said the Old Lady, "because he has such a restful bedside manner."

"We love our doctor," said the Children, "because he's such fun."

"I trust my doctor," said the Mother, "because he was so careful when the children were born."

O.F.—6

"My doctor is a bit independent," said the Business Man 'he won't suit my convenience unless he thinks I am seriously ill'

"Nothing is too much trouble for my doctor," said the Poor Relation '*I can never repay him for his kindness*"

"I do not grudge my doctor's bill," said the Octogenarian "He is a cheerful fellow I was just such another at his age'

"The doctor who calls at our house," said the Children's Nurse, "always has a smile and a word for me"

"Would it not be convenient," said the Stranger, "if all you people had the same doctor?"

"Of course," they all exclaimed, "so we do"

The Relatives and Friends

> To reach the truth by yea and nay communications implies a questioner with a share of inspiration. . . . Many words are often necessary to convey a very simple statement.
>
> R. L. STEVENSON

BETWEEN sixty and seventy years ago, a taciturn old doctor in [illegible]

wh[illegible]

war[illegible] the doctor said: "Young man, you talk too much. You have told these people more in fifteen minutes than I have in fifteen [illegible]

[illegible] of prognosis, and all are concerned with a review of the possibilities of treatment. Occasionally there is a responsibility to be shared on account of some social or personal circumstance. In every event, it is of great importance that the relatives or friends should have a full understanding. It is their opportunity to put the awkward questions. It is important above all, that anyone who has not a clear understanding of the situation, but who has a right to such (or at any rate is going to claim it), should be sought out if need be, at the time of the consultation, to be given as clear a statement as the evidence will warrant. The welfare of the patient depends in no small degree upon the confident co-operation of every person in the house. It is [illegible]

[illegible] to go about his or her own business, but in times of stress and anxiety the doctors must exercise wise judg-

"My doctor is a bit independent," said the Business Man; "he won't suit my convenience unless he thinks I am seriously ill."

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did not think the pulse rate was slow for a child with a raised temperature, it was a help to know about the medical book, although I kept my own counsel. It was possible, however, to let her understand that, as doctors, we were speaking from our own experience; which enabled us to bring about a peaceful atmosphere, which soon promoted recovery. It is no use telling an anxious mother not to worry; it is necessary to remove her anxieties, and it is very helpful to know whence they come.

It is an advantage to have seen the home and on some occasions the children. For the tired mother and housewife one may put in a hint of how much she means to the household. One may let her know that one sees her problems and one can talk to the relatives to better purpose than in hospital or nursing home. I remember seeing a woman with hypertensive heart disease, whose husband was peacefully smoking a pipe downstairs. The wife did the cooking and housework with the help of a daily woman. The husband [illegible]" I signifie [illegible] he lost [illegible] Such is consulting medicine. Husbands can be too cool.

I have thought sometimes that a William Hazlitt might write an essay entitled "On Losing One's Reputation." It is certainly a duty to approach each case from the point of view of what is best for the patient, without thinking of our own reputations. No one can deserve a good reputation unless he is prepared to lose it, in the eyes of somebody or another. Think of that question which pops up, perhaps at the last moment, "Is there any immediate danger?" Obviously the correct answer is, that we are not thinking so much from that point of view, but rather as to how we can obtain the best results for improvement or recovery. This is something of an evasion, there can be no rule, but the spirit is correct. It may be possible to reassure or on the other hand to admit immediate danger, but the wisest relatives rarely ask the question. We must beware of someone who tries to lead us aside for a private opinion—this is just the person who may later make trouble. It may be unsuitable to refuse the privacy directly—one must just counter their attempts by bringing such people into the circle at the time that the medical opinion is being given offi-

ment and suffer foolish people as a duty It is necessary to be firm, but the most futile question requires a courteous answer

In these days of nursing homes and private hospital wards, I think we lose something unless there is first a consultation in the patient's own home One remembers going into the country to a Hall, a farm or a cottage, to meet an elderly doctor for a consultation, which surveyed the whole case satisfactorily, and a generation later, when a son or successor was in charge of the practice, there would be a request over the telephone to take the patient into hospital for observation This is part of the progress of medicine, but something of value has gone It is no doubt better medical practice but I suggest that it is an advantage to have seen the patient and the relatives at home I remember going in consultation to a house where just inside the front door was hung up the caption, "Home is the place where we are treated best and grumble most" It was a hint to walk warily with the mistress of the house, who was the invalid After a week or two in hospital, all the evidence pointed towards nervous derangements of digestion and the colon By this time we had developed a respectful regard for each other But I could not believe that a woman who hung up a caption like that, for any visitor to see, could possibly have a peaceful digestion, so I advised her to take it down, when she got home I think it was important treatment and my suggestion was received with a smile and a promise

So far as diagnosis is concerned, the evidence (about the immediate history and past illnesses) which the family doctor can give is reasonably obvious and should be sought in detail It is the odd thing of a personal nature in the home, which we pick up or gain by a chance remark, which may be most enlightening They should not be stressed too much or a bias may come in which is misleading There should be an open mind, but sometimes a hint may be of practical value An old doctor once told me no more than the facts, that he did not know what was the matter with a child, and the mother kept a medical book With that information we set out for a large country Hall There was a child with a mild attack of enteritis, with some rise of temperature When the mother—a titled lady—put me in the witness box and asked me questions about typhoid fever, wishing to know if I

injection again, nor must there be this annual self-indulgence in low spirits, which depressed the whole household. I was surprised then, although I should not be now, to find that my insight into the affair brought complete recovery

Of course there must be times in the life of a doctor when the thought of his own reputation may help him to carry through some duty—that is another story No man is stronger than his weakest moments, and a reputation to keep may help in this direction.

There is an interesting aspect of the doctor's reputation unknown to many consultants It would be expected, with reasonable justification, that a doctor's reputation would suffer if there has been delay in diagnosis, or in seeking the facilities for investigation with that end in view Of what the consultant may be unaware, is the unfortunate situation in which a family doctor may find himself if he has stressed the necessity for investigation, if he has pressed the point with relatives by hinting at the possibilities of some grave condition, and behold the consultant, with the advantages of reports from several departments which he has not visited himself, is able to dismiss the condition as one of no serious significance The patient will understand, but some relative may give the family doctor a bad mark for over-anxiety or defective judgment, which has caused unnecessary worry

Every doctor must adopt his own method. I remember a shrewd French doctor in Havre during the first World War, with whom I was associated in the case of a young fellow with bronchopneumonia. The illness was prolonged with relapses before eventual recovery At first I failed to understand why this doctor gave a cheerful prognosis when things were bad, but seemed over-cautious as improvement came, until I realised that on general principles he was leaning in the opposite direction, with a view to saving his reputation. He was a sound doctor, however, perhaps he was thinking of the relatives as well. When he saw me fill a syringe with thick pus from an empyema in the axillary region he exclaimed, 'Now he will get well', which after rib-resection was the case

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cially. Sometimes we may notice that an apparently overwrought woman is escaping from the consultation, when it is much better for her, and everyone concerned, that she should be called back to be present. The older doctors, whom I first met, were watchful in this connection. In later years, on more than one occasion, I have noticed someone who is at hand but needs calling in to hear the opinion. If a woman is likely to lose a child or a sister, her peace of mind, for many years to come, may depend upon her correct understanding of the medical care given to her relative. In the earlier stages it may have helped her courage to be blind to the seriousness of the condition, but the opportunity must be made, eventually, of letting her know the grave possibilities.

The best medical attention gives a sympathetic understanding, without much thought of any personal reputation. It requires a higher standard of skill, in some ways, to take charge of an incurable illness than of one in which there is a curative treatment. There are so many questions to answer, which need something more than yea and nay. So many opportunities in which one may seem to make contradictory statements. What was said yesterday may come back in some form quite unrecognisable to-day. Some members of the household may have understanding, and others by the nature of the situation may be difficult and elusive. With these one must watch for the opportunity.

About thirty-five years ago I visited a lady who was depressed and "out of sorts." She said: "This is about the time of the year that my sister died, and if the doctor had not given an injection of morphia she would have been here now." Both the next year and the one following I met the same circumstances and statement. I got in touch with the successor of the doctor in question, from whom I learned that the patient had died of a lingering illness, which was probably carcinoma of the stomach. From this evidence, which was going back some ten years or so, I drew my own conclusions. I visited my patient. I began by agreeing that her sister's doctor had made a serious mistake; but I then explained that his error had been in not pointing out that devoted nursing and medical care had failed and that a fatal termination was inevitable. I said we must not hear this story about the

injection again; nor must there be this annual self-indulgence in low spirits, which depressed the whole household. I was surprised then, although I should not be now, to find that my insight into the affair brought complete recovery.

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past two ladies on the sea-front The first lady said 'That's the local doctor" To which the second lady responded "Which is he, a Wind-Upper or a Pooh-Pooh?" And once upon a time there was a distinguished London physician, with a handle to his name, who was known up West by a two-worded nickname one of which was "Dismal"

It may puzzle a young doctor to be asked by someone whether a patient ought to be told the truth I do not think it is evading the issue to respond by asking whether anyone knows it As a matter of experience we find in a lingering illness, with inevitable fatal termination, the patient usually has a fairly clear understanding of the case but does not wish to have the whole truth (as he would call it) admitted by everybody These people do not ask us to raise false hopes, but they wish to chat with a visitor, or the doctor, not only about the past but of the future, although in the back of their minds they know that they are building castles in the air Only a reigning monarch could carry off the situation of the admitted truth, in the words of Charles the Second "I am afraid, gentlemen, I am an unconscionable time a-dying"

Some of the social situations which bring about a consultation may have their humorous side I once went out to see a patient of a practice well known to me, but with a new partner, who was a stranger As we drove to the house he told me about an elderly man with a bad heart On reaching the door-step we were greeted by a loud female voice, somewhere in the house, shouting over and over again, "I don't care what a dozen consultants say—I believe our own doctor" My new doctor friend was feeling rather uncomfortable at this reception, so I took him aside into one of the rooms and offered to tell him the whole problem I said we were going to see a bachelor or widower, that the female voice came from a faithful housekeeper, that the old man had some property, and that recently some relatives with expectations had come along, had upset the housekeeper by want of respect to her past efforts, and called for a consultation Sherlock Holmes might have said "Elementary, my dear Watson" It was quite correct, which made the doctor feel at home again It is no part of the consultant's duty to ape the detective of fiction, but all the human element has some value In this particular case, what could

a consultation do for an old man's heart? There are no spare parts in medicine The peace of mind of the patient would be dependent upon the behaviour of the woman in charge, it would be necessary to recognise her loyalty and make the house the happier by the visit of two doctors. It is not easy always for a good doctor to leave a house more contented for his visit. In some circumstances, when there are two doctors, it may be twice as difficult, but it should be achieved

Times change, home circumstances have altered and fewer patients are treated in their homes The personal touch with the relatives is less in evidence We have responsibility to some institution to see that the patient and friends do not make exorbitant demands. We can give better medical attention, more especially if we are using a curative agent of real potency But of art there is something wanting compared with the time when two doctors met daily in a private house during the critical stage of pneumonia, with two trained nurses in attendance There was a team spirit throughout the house of which the doctor took the lead He chose the correct time for an injection of morphia, with relatives looking on, he supervised *many things*, *and once*, when mice each *night were playing* about and were not tempted by cheese in a trap, *I* had the opportunity of successfully prescribing the cat from *next door*

In a village the team spirit may extend to a wider circle, although the efforts of willing neighbours may be of doubtful value I remember one woman who called at the house to say that she had the name of a *doctor who had* a new treatment for pneumonia. And once, a few days before a vicar pulled through to recovery *from* pneumonia, the sexton told the relatives that he had tidied up the churchyard.

In the general medical wards of a hospital, with the relatives, it is the ward sister who comes first, with a resident officer second. The visiting staff should and I think do, discuss the case with those *concerned*. No doubt the up-to-*date* call for Social Medicine is concerned with the *home surroundings* from which the patient comes. In a *provincial centre* I think we know a good deal about this. We *find* ourselves looking at the address to visualise the quarter *of the* town to which our patient will return

We ask how many people sit down to the family dinner, and who gets it ready—we learn much and guess a good deal more. We know something about the local workshops. Whatever changes the future may bring, the hospital physicians must go out in consultation to the patients' homes on as many occasions as possible. The relatives and friends trust their well-known hospital and staff, so there may be no need to discuss the prognosis and treatment during illness, but it is well to see something of the relatives at times, to give an idea of the social surroundings for which our patient must be fit.

Looking back over thirty years, I believe that the wife of the artisan was a stronger woman physically and mentally in former times than she is to-day. It may have been a good thing to get rid of the corset—although for the middle-aged I am by no means sure, but flannel and worsted were better than artificial silk for the hard life which is the lot of most married women. I have witnessed a change of hospital women patients. Many of the young girls are of better physique than formerly and a large number of the middle-aged are less robust. When there was a large number of domestic servants for observation, I should say that the standard of their health was particularly high.

This is something of a digression, but not altogether. There was formerly a reserve of woman power, which could be called upon in case of illness with little economic upset. So many of these women could rise to the occasion of nursing. It was something of an instinct, but it is less in evidence to-day. To be in charge of a sick relative over a long period, however, is altogether another affair. This may lead to permanent ill health. We find a woman who is tired out, prematurely grey, who will perhaps never be really strong again. There may have been no holiday for a number of years, and I think a doctor may have missed the opportunity of ordering this. There are consultations where the diagnosis is not in doubt, where the treatment is straightforward and the prognosis slowly but inevitably bad. Under these circumstances the consultant should have in mind the possible strain upon some relative who is acting as nurse. A woman can be stronger than her weakest moments for a time, and may carry on with her duties until she is damaged beyond repair.

Roberts of Manchester, when saying good-bye to a class of students who had qualified to practise, how he would remark "All you fellows can succeed in practice, if you have a mind to There are two ways of making a reputation—either you can be clever or you can be kind" And then turning to a particular man he would say 'Well, there you are, Brown, you can always be kind."

The life of a young doctor is difficult. He must insist on his advice being taken, or the relatives will have a poor opinion of him. If his advice is ignored, when he has made a reputation, they will blame the patient. Nothing succeeds like success

When a young doctor is setting up a home, helped perhaps by his own relatives, he has a duty to others besides his patients and himself He must make up his mind to cut some slice of success out of life for the sake of other people, or so it has been hitherto A future generation may find it a strange philosophy, that a medical man might have to do a little to oblige, or impress, his patients one way or another There will be less room for individual worldly wisdom in a new world which may believe itself to be wise, although it may behove a young man to touch his cap to a superior officer No doubt the road to contentment will always be the same, travelled only by those who find interest in the work itself

I have always thought that the question of euthanasia should be approached from the point of view of the relatives and friends It is for this reason that I think the theoretical considerations in favour of voluntary euthanasia break down, when translated into an individual practical medical problem A good doctor can relieve pain If he is carefully discreet with his earlier doses of sedative, and his patient trusts him to give some more at the right time, we do not get those harrowing accounts of someone crying out for morphia. The patient putting up such a cry is usually one who has become an addict, who only gets it when insistent. One who knows that it will be administered at a suitable time some hours hence will rest in peace till then.

Now, real misery comes about through bad nursing and indifferent doctoring It has little relation to pain Nursed by the wrong people, one would wish to be out of one's misery Nursed by the right people, it might seem a duty to get oneself put out of the way to relieve them of the burden, solving the problem like Captain Oates when he walked out into the snow Stevenson's fable of the *Sick Man and the Fireman* is worth reading It deals with life's little irony that the strong should be saved because they are of more use in the world than the weak But the chief use of the strong, it is argued, is to help the weak

The most tragic situations are those in which we have a bedridden patient after a cerebral thrombosis or one with the Parkinsonian syndrome I doubt if these would come within the meaning of an ill-judged Bill that once reached Parliament Nine times out of ten—if not on all occasions—the patient is quite a secondary consideration The date of a man's death cannot matter very much, within a few months, to himself, but it may, and frequently does, have a real significance for relatives It is an old saying that "hard cases make bad law" There are medical cases, tragic enough no doubt, but on the whole they would be worse if there were a legal way out

In those exceptional emergencies, when the agonising condition of the patient is the first and immediate consideration, the doctor might have less freedom of action if there were some legal authority jealous of prerogatives Perhaps there is not much fear from this point of view I would come back to the relatives and friends Great changes come when someone drops out of life To bring this time about artificially might make things difficult for those remaining although wise heads, at the time, might never have foreseen the dangers Stevenson speaking of the changes wrought by death says "There are empty chairs, solitary walks and single beds at night" If these vacant places are filled, it is not enough to have a clear conscience It is not justifiable to assume that all the neighbours will have approved of euthanasia.

If this were legalised, I can imagine that some doctors and some hospitals would feel the need to protect themselves by signing an undertaking that they would take no part in it I have given a hopeless prognosis in a patient with carcinoma of the prostate,

with bones involved, which we reversed when treatment with stilboestrol was introduced, just in time for our patient. I have been asked to shorten the days of a man with locomotor ataxia and another with advanced phthisis—not by a wife who had to bear the burden, but by a father-in-law who was tired of the long illness. Because it is a relief to everyone when the end comes, it does not follow that it would be right or even bring happiness to anticipate the event.

I am not discussing eugenics, with sterilisation of the mental defectives or euthanasia for the idiot child These people are in quite a different category

There are more than two sides to many questions There is much to be said for voluntary euthanasia, but if we took the advice of those with the widest experience of life and death in general (which I should say were elderly women with grandchildren and family doctors) I think we should find there was more to be said against it.

The problem of the relatives and friends may be summed up in this simple story. I need scarcely describe an old fellow student of mine if I say that we called him "Pa." He was a *man of few words* and those to the point. I knew him later as a successful family doctor in a country town. Eventually he took a young partner, to whom he said "Do you know anything?" After receiving a somewhat guarded reply, he asked "Can you talk to the relatives? That's what matters"

Not only is it what matters for the doctor's reputation, but it is essential for the welfare of his patients and their *friends* It is an art not to be despised because it is founded on sympathy, courage, wisdom and humility

No doubt Stevenson was right when he said that many words are often necessary to convey a very simple statement. But occasionally the doctor [illegible]

Perhaps the taciturn old doctor in Montreal had some reason on his side. It is possible to talk too much Dr. Guthrie tells us of

William Salicet (A D 1210–77), a teacher at Bologna, who advised physicians to give an impression of wisdom and recommended that there should be little conversation with the patient's friends and relatives

The Captain of the Home Team

ONE morning just before the first World War (or it might have been soon after), when maid-servants were plentiful and faithful, a certain doctor was called to a big house in a residential suburb

The only son, aged eighteen years, was beginning with pneumonia At his evening visit the doctor engaged a trained nurse and planned a consultation with a local physician for the following morning By this time the disease was well established The patient was moved into a bedroom where there was a coal fire, and a second nurse obtained The routine began of two medical men meeting in the morning and the doctor visiting each afternoon and again when the night nurse came on duty

On the third evening the father asked "Is the boy's life in danger?"

"Yes," said the doctor, 'but we are going to pull him through"

"You must not tell his mother how bad he is," said the father

"She knows," said the doctor, "but it keeps up her strength for nursing to forget it"

"It will be a great shock to my sister," said the aunt, "if anything happens to him"

"That is what we are working to avoid," said the doctor

"You ought," said the aunt, "to prepare her in case of the worst"

"She and I have known each other," said the doctor, "since the night he was born, you may leave that to me"

And the doctor went to instruct the night nurse about a dose of morphia

On the fourth morning the doctor told the consultant that someone had telephoned to the aunt from a neighbouring city to ask whether a vaccine was being used The physician explained that such treatment had been tested and found valueless in the local hospital. When he was asked about a new treatment with thyroid and manganese, he discovered that the vicar's wife had called. He assured them that the patient was carrying a serious illness successfully and that recovery might come shortly

And the maids got meals ready for five people and the nurses prepared feeds for the patient, and mother or aunt sat by the boy's bed whenever the nurse left the room And he was quietly cheerful through his dyspnoea, but at night-time delirious so that two people shared the watch

Now on the evening of the fifth day of disease, the aunt said to the doctor, "I wish you would give him a vaccine"

"[illegible]" [illegible] the doctor

[illegible] d the aunt, "and leave no

[illegible]" said the doctor

"[illegible] only a case to you," said the aunt

"Perhaps," said the doctor, "and for that reason I can exercise cool judgment."

"Forgive me for bothering you," said the aunt, "I feel unstrung"

"Go and lie down," said the doctor "I shall want you to help his mother when the night nurse has her meal."

"I will trust in you," said the aunt, "and do anything I can to help"

Now on the seventh day the temperature came down and the breathing eased and the boy said he felt better The whole house rejoiced, the maids were smiling and the parents gratefully happy

So the physician's visits ceased and the doctor called once a day and convalescence was uneventful

A month later, when the boy and his mother were down by the seaside, the doctor was fully occupied with other cases But

William Salicet (A D 1210–77), a teacher at Bologna, who advised physicians to give an impression of wisdom and recommended that there should be little conversation with the patient's friends and relatives

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The Art of the Geriatrician

I seem to be all right now I stoop but I haven't lumbago. The doctor said little processes like icicles had grown from my spine and there was nothing to do but grin and bear it. Don't you wish you had icicles growing from your vertebrae?

Letter from Mr Justice Holmes (aged 90 years) to Sir Frederick Pollock

Recently I came across an article on Geriatrics in an American journal. It seems that a specialty may develop in the diagnosis and treatment of disease in the elderly. It set me wondering as to how far good doctors in my time had succeeded as geriatricians.

While I was still working in a medical school, I remember hearing of a fellow student who had joined his father in practice in a country town. I was told that he preferred spending his time in the cottage hospital to visiting the old ladies in private. This seemed to me quite reasonable, but I gathered that it would not be the way to support a wife and family.

When I in my turn got married and joined a senior with a busy family practice, the financial importance of these elderly people could not be disguised. They wished to see the doctor and were glad to pay the fees.

An elderly man who had done reasonably well in business once told me with pride that a small grandson had said of him that his chief use was to find the money. Now when a man has worked hard, and been what his world calls successful, it is no bad reward to be able to stand treat to a younger generation or to feel that he can pay for what he needs. There were elderly people of both sexes who could ask the doctor, without patronage, to come and see them at regular intervals, expressing the thought that they could pay the bill.

A young doctor's first idea should be as to whether he can earn the money, by which I mean deserve it. Perhaps, secondly, he may

he could not help thinking that *if he* had given a vaccine the relatives would have believed *that this* had cured his patient

He wondered what he had done—in a *way nothing*, it was the nursing that really mattered And yet he must have done some-

variable. Thoughts were exchanged without too many words One was surprised by their knowledge—so much of it gained at second-hand. One simple example, if one may call it knowledge, came from an old lady who would discuss First League football quite intelligently although she had never looked on at a match. She had picked it up from husband, sons and grandsons Of life in general she had more wisdom than her men-folk; she had seen most of the game

My first visit to an old man, who in those days would be called an important patient, began with trouble as soon as I entered the house His wife and daughters said he would be very [illegible]

him that in my boyhood I used to get fossils out of their beds with a hammer, the daughters fled from the room, I could hear his wife gasp with horror, but the old boy waved his night-cap in the air and appointed me his doctor on the spot

The elderly are at their best when they talk about the past. I think a reminiscent mood, shared with a younger man who is interested, is beneficial. The family are apt to say that they have heard it all before, which may be true, although sometimes I have noticed surprise growing in some relatives in the room when an old man is talking with intelligence about recent events, judged by the light of days that have been

We hear a good deal about child psychology, but a wise child should know something of father psychology Oliver Wendell Holmes draws a distinction between the front door of the mind and the side door Through the front door enter those who may be received with some reserve The side entrance is only opened to those with the understanding of intimacy, and I think a good doctor is soon received by this private portal, which has sometimes been closed to relatives for a variety of reasons When the elderly are on thin ice which contemporaries slip through they are not alarmed. In fact they tend to take a little pride in outliving others, but they suffer from what Weir Mitchell called "the arctic loneliness of age" It is here that good doctoring comes

wonder if he wishes for the work. It need not overtax his time or energy and the doctor can give full value At first he may wonder what it is he is supposed to be doing, but gradually the reality unfolds itself

In the main I think we have tended to lean a little in the opposite direction—at any rate with the men In one case advising a little more care and in another a little less Some of the advice has been inspired by relatives, which is well in its way, but usually errs towards too much restriction, and requires countering by teaching an elderly man that he must keep some of his discomforts to himself if he wishes to have freedom If he is depressed or irritable at breakfast, it is so easy to attribute this to something which he enjoyed the day before It would be wiser to start the day more cheerfully

On the whole I think relatives, with the exception of some wives, are at first rather a hindrance to the doctor He must take a hint from them and often enough guide his patient towards a less exacting temperament, but relatives may have very fixed [illegible]

easy to help a man who has a volume of Dickens by his chair, but on more than one occasion in my experience, those in charge have not been impressed with this prescription until the event has proved its worth

By all means let the doctor call, but by no means should each and every trouble, however trifling, be magnified and impressed upon the mind before his arrival A list of symptoms written out should be discouraged If he complains of backache one should tend towards changing the subject The real test of a doctor's ability as a geriatrician (save the word!) is whether he himself enjoyed the visit

My first experience came in 1906 when a senior partner went [illegible]

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in The display of the haemomanometer will not aid health or happiness, although it may be something of an introduction, but when a man has lost those intimate friends to whom he has given a key to the side door of his mind, he is fortunate if he can find a doctor worthy of receiving one of these keys of which there were never many Quiller-Couch describes two elderly paupers —man and wife—about to enter the workhouse where they will be parted Among other things, the old man says "It'll be terribly hard, when I wants to talk, to begin at the beginning every time" A good doctor understands this and makes conversation easy by using his imagination

It may read as if this would take up much of the doctor's time, but I think fifteen or twenty minutes would usually suffice for a visit I have no authority as to the age at which geriatrics begins To some extent it must vary with the individual One is tempted to believe that from sixty to sixty-five are the dangerous—if one may use the expression, the coronary years—during which life may be cut short Samuel Johnson expresses it in his poem on the death of Robert Levett, a *Practiser of Physic*

> "No cold gradation of decay,
> Death broke at once the vital chain
> And freed his soul the nearest way"

Beyond that period life may jog along like the Deacon's one-hoss *shay with traces of age*—"a *general flavour of mild decay* but nothing local, as one might say"

In practice I soon discovered that an octogenarian might be in bed for a few days apparently without strength to carry on and yet he would pick up again, so that one might see him walking in the street My first hint of this came when I was quite a small boy and I heard a bright young maiden speak with some flippancy about a local senile celebrity, saying that he was in such a poor state of health that his coffin had been ordered three times I had a shrewd suspicion that she was overstating the case, but the story is true to the natural history of the ebb and flow of vitality in the aged, and it also proves that girls allowed themselves some freedom of speech in the days before emancipation They could use unparliamentary language before they had the vote or even

asked for it. Grandmothers of the present generation, at eminently respectable Victorian Schools, coined the expressions "awfully jolly" and likewise "beastly rot." Even the great-grandmothers sometimes said "By jingo"—although they added "as Charles would say." When we were boys we sang a song entitled, "It is hard to believe that our parents were so good." Our staid [illegible]

capable of being frivolous.

C. E. Montague once wrote: "Nobody can easily believe that the winds of emotion ever blew quite such great guns in the [illegible]

extinguishers? But the doctor should have sufficient charity to understand [illegible]

[illegible] is one reason why he likes to see the doctor. In the ordinary way dreams are fantastic illusions which should be forgotten, but the elderly will sometimes dream of what would pass as quite an everyday event. It is queer enough to dream that some particular danger is at hand, but it may be more disconcerting to a business man to dream that he had a perfectly reasonable interview with his stockbroker or lawyer. He knows that the one was an illusion, but he fears that he might mistake the other for a real event.

An old man once told me that he dreamt that he was sitting over the fire in his armchair waiting for a cup of tea. This is exactly what he was doing, but he woke up with a start when his tea really arrived. Perhaps I am wandering in realms of psychology which I do not understand, but it is a point worth remembering, that a man lying in bed asleep may dream he is awake. One elderly friend of mine admitted this and called it dog-sleep.

There are well-known books which treat of the scientific aspect of disease in old age. I am thinking of the daily round both in

[illegible]

only fair to meet a man in consultation with himself. He must decide. Although there are situations in which there may be dangers to other people, in which case the responsibility is not entirely his.

In the days of war-time clothing coupons, I learned that it is really true that you cannot make much of putting a new piece of cloth into an old garment. The age of a brain cannot be measured in years. To use it actively keeps it young, but a time comes, if life is prolonged, when [illegible]

late a man may be tired of new labels.

I remember a family who took up Pelmanism, or some similar variety of so-called mind training. I was assured that it was an excellent way of remembering [illegible] thought" would keep them out of mischief as well as any other. When we were alone he told me that when he was a boy a certain lecturer went round from town to town giving a course on memory training. One Monday morning, after he had set off for his next destination, the landlady's daughter came running downstairs crying out, "Mother, the Memory Man has left his umbrella behind." With a little patience one may discover that an old man can make more use of the experience of times behind him than at first sight seemed probable.

With the elderly one must not hurry the thoughts—they must think and more particularly talk a little slowly. Good private nurses sometimes miss this point, so that they answer the doctor's questions for the patient, instead of giving him a chance to speak for himself, which is detrimental to the medical visit.

To spend all one's time with the aged would be a dull life, but a visit, here and there, in general practice makes for variety. The doctor may talk about crops with an elderly farmer, or perhaps if

hospital and private Between these two situations there is a contrast rather startling The child in hospital is often at his best but the elderly man or woman may be rather at a loss It is difficult to achieve a satisfactory bed-sitting-room regime which may be the indication for the case in question One cannot help feeling that the more modern a hospital becomes the less homely it is for the aged I remember an old-fashioned ward at Guy's *Hospital, an old man sitting on a coal-locker by an open fire,* and hearing the words, "I've got up when I liked and I've gone to bed when I liked all these years, and a bit of a thing like you, Sister, says, Get into bed, Daddy" But he got into bed My point is that the open fire, the coal-locker and the unhygienic wooden floor were better for his health, in the sense that they were homely comforts We cannot go back, nor is it possible to arrange a *smoke-room in hospital where the old boys can doze in* an armchair, as it might be in some expensive club Apart from the stage of acute illness, however, one can make more of doctoring them at home, between the armchair and the bed, than in a nursing home or hospital

In those cases in which a brain has definitely failed to some extent, with or without a paralytic lesion, the doctor has an important duty in leading the mind in the right direction When Sir George Savage lectured on diseases of the mind, nearly fifty years ago, he used to say, "Whether a man blasphemes or shows something of a religious resignation, the disease is the same" *Structurally this may be so, psychologically, perhaps, but to live* with in the same house, two very different people It is an achievement worth while to lead a damaged mind towards cheerful thoughts, although it must be controlled, lest a happy smile should pass into a false hilarity

It is a nice point for decision when the doctor is called in to advise about activities in general With an elderly woman there *may be little to discuss In a sense she grew up at the age of three or* four years when she tucked a doll in a pram and wheeled it along the footpath In old age she will require some simple occupation which helps, or seems to help, other people But a man will wish to play a *full round of golf, when half a round is enough for his* bodily vigour, or go out shooting, or ride his horse Well, if he

has no restful hobby, it is a pity to restrict him too much in those things which have become a habit. With reasonable good fortune these affairs slowly solve themselves. At a certain time of life, it is only fair to meet a man in consultation with himself. He must decide. Although there are situations in which there may be dangers to other people, in which case the responsibility is not entirely his.

In the days of war-time clothing coupons, I learned that it is really [illegible] cloth [illegible] in yea [illegible] life is prolonged, when it is no good putting a new thought into an old brain. It is a disturbing influence. But after all most thoughts that are true are as old as the hills, and towards the end of a long life a man may be tired of new labels.

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a retired stockbroker says he is feeling low, the doctor may tell *him that is the time when wise investors buy for a rise* Or perhaps you attend an old bookmaker and leave him guessing because one day you know the name of the winner of the Grand National and at another visit you purposely confuse the Lincoln and the Derby It is all in the daily round A friend of mine one *morning visited a baby that was indisposed and then played* with some older children in the nursery Perhaps they seemed a little excited, so he apologised to the mother, adding the statement that his next visit was to an old lady nearby, who liked to see him "because he was so restful"

Times change—it may be that this type of practice will die out I have lost several medical friends of whom I could have written he had a sound knowledge of medicine, he earned the gratitude of many women and children and he was a sufficiently good geriatrician to deserve the financial reward which came from this branch of his practice

One of the aphorisms of Hippocrates runs as follows 'Old men generally have less illness than young men, but such complaints as become *chronic in old men generally* last until death'

I should hardly think that a specialist in geriatrics would be of much value to the community A good all-round doctor is likely to bring more help and happiness to the elderly One who has made a reputation by successfully treating some children is just the man who, if a grandfather has a complaint, may help him to "grin and bear it"

Old people, however, have their place in science Trotter says "*The fact that in man survival to an age long past* that of reproduction is a common event, makes his biological position in some ways unique"

The Old Man and the Youth

"Why do you like to see the doctor?" said the Youth. "He does not cure your backache "

"You would not understand?" said the Old Man

"But why can't you explain?" said the Youth

"That's just it," said the Old Man—"with the doctor you don't have to explain "

seem, because there was cause for anxiety of one form or another. In others there might be a comparatively trifling physical disorder, but there were symptoms indicating that the nervous system was disturbed. In the main, I only suggested that I felt rather at a loss, wondered whether one could learn to do a little more than give a bottle of medicine and be reassuring. I know I finished with something about having the necessary gift for helping such people, and wondering whether it could be acquired.

The critics would have none of it. The practical fellows wanted to know what was bothering me. The more erudite were at a loss, they could not quote their knowledge from books because they had none. That silent band, which makes the spirit of all [illegible] tence? But if I could have quoted from Ross on *Common Neuroses*, or Julius Bauer's chapter on *Psychosomatic Medicine* in *Constitution and Disease* we should have had a cheerful evening. I was trying "to appraise the share of both the physical and psychic portion of a clinical picture." Those are Bauer's words. He tells us, in 1943, that the Greeks knew more about it than some of us to-day.

It was a dismal evening. The art of hitting a golf ball is just a matter of good timing. The words—too late—are not necessarily the saddest in the English language. A hit too soon makes just as big a foozle.

Well, of course, in the days of a busy family practice one does a good deal of appraising of the share of the physical and psychic portion of illness. I am sure our teachers understood it well, but we did not see these cases with them in our student and resident days. There is truth in Professor Bauer's statement that a new term has been introduced for an old notion, and no doubt modern diagnostic investigations have intensified the need. He writes, "the resurrection of psychosomatic medicine is a reaction to the outgrowth of modern laboratory medicine, which overlooks the patient behind the files of reported tests."

Gull had a busy practice. He once said "Mrs. X is herself multiplied by four." Which presumably means, three to one on

the psychic But when he writes of some people, who without having any disease are born to suffer, or of delicate women who try all the chemistry of tonics, one could presume to recommend the two books I have mentioned They would make a good introduction to family practice It must be every doctor for his own methods, however, and I suggest *that in family practice there is much to be said for going to see the patient at home, rather than* an interview at the doctor's consulting rooms, assuming the psychic element is the more important On a visit to the doctor's rooms the symptoms have grown along the road, they must have been in the forefront of the patient's mind on starting out, and only very simple people, coming to get a simple medicine, avoid impressing the symptoms on the mind In the consulting room what a wet blanket may descend upon the doctor Now if he drops in at the patient's home (or the office if need be) he can bring that cheerfulness and courage which R. L Stevenson claimed we usually carried He can change the subject, he can look at his watch, without ending the interview, he can get right down to it, preaching the sermon in season and, lo and behold, at the next visit, perhaps he spends his time playing with the children in the nursery, has a look round the garden or pokes his nose into the bookshelves—what a relief for the patient, to have this service *without any sermon Anyway, right or wrong, if it is my privilege to write to a family doctor about a psychosomatic problem* with somatic the lesser, which he has referred to me, I usually finish by saying—go and visit occasionally at your own time

It was one of the Dukes of Bridgewater—a very busy man—who said he never let anyone come to see him on business, but went to see them In this way he had complete command of the *length of time the interview would take Mr Lloyd Roberts* of Manchester made the aphorism—"always take your overcoat off when you go into a patient's house, even if you are only going to stay five minutes, they will not think you are in a hurry" The spirit of these thoughts is compatible with the very best doctoring I have no views about how to succeed I think it was Chesterton who said a millionaire was a success as a millionaire and a donkey as a donkey *The only success in doctoring is to bring as much help* as possible to the patient

Soon after going into practice I called in consultation an elderly [illegible] to him, "Oh, Dr. Benthall, how delightful for you, when you meet all your patients in heaven." After our consultation, while I leaned on a bicycle, as he stepped into his carriage he said he had done a lot of talking, he hoped it would help, finally adding: "I know these houses—one dreads to go into them." That was my lesson; it was just how I felt; but I realised I must rise above it. For ever afterwards I visited that type of patient at the house, and at my time, without any fear that I should catch their depression. In some of the cases of long standing, one was only a focal point on which the symptoms might collect with benefit for the relatives, but I believe in early ones there was a considerable measure of success.

Looking back, I think we knew a good deal about the influence [illegible] the Guild of Health. I was consulted—I think about 1912—by several of the clergy. They claimed there must be some good in Christian Science, and why should [illegible] good? [illegible] mind, [illegible] might anoint him as a religious rite.

It cannot be. The physician or the family doctor during illness must take charge of the patient as a whole. Often enough it may be best to keep one's own counsel, but one must be a mind healer. The best I could offer to the Guild of Health was that I could tell them of people who might need spiritual advice when they were not out of health—a sort of preventive measure, so that if illness befell they would have the best medical outlook. I think the advice was sound; but it was not acceptable. Perhaps it was not a dramatic part to play.

It is of interest to consider the relation of emotional states to our resistance to infection It is an old story going back to folk-lore—a form of wisdom which came from observation Since children went to school, fewer people observe When Dickens created Thomas Gradgrind, with his "Teach these boys and girls nothing but facts Plant nothing else and root out everything else," he must have had this thought in mind And most adults get their ideas from the daily papers

My grandfather, nearly a hundred years ago, went to collect some rent from a cottage In the living-room he found a man with smallpox, so he suggested that he might wait outside An old woman told him that if he was afraid he would catch it Simple knowledge from observation—lowered resistance through emotion of fear There was probably a good deal in it It cannot be turned to the same practical value as the folk-lore, which Jenner picked up from a milkmaid, but it is not without interest In the month of October, 1943, there were some rather emotional letters in the *British Medical Journal* about Psychology and the Common Cold It would be easy to criticise the ethical side of the one which got into the daily press, with a little puff for the psychiatrist and his speciality, but surely it is not a very new thought that emotion lowers resistance Colds do seem to catch people at just the wrong time

The explanation may be similar to that which Stevenson puts forward in his essay on the *Philosophy of Umbrellas*, when he is explaining the well-known fact that it is with us on fine days and absent when it rains Here are the words—"I venture to throw out the conjecture that it will be ultimately found to belong to the same class of natural laws as that, agreeable to which, a slice of toast always descends with the buttered surface downwards" Here is the solution for those who expect misfortune, and with anything so common as the cold, it must be met with at incon-

[illegible]

a common cold will develop through the lowered [illegible] an emotional upset I have seen lobar pneumonia as the direct result of a dog-fight At eleven o'clock in the morning a courageous woman separated *two dogs in the street*, at lunch time she

was exhausted, by dinner time she was herself, at two o'clock in the morning there was a rigor with rusty sputum later It was a severe seven days' illness No one shall rob me of my belief that the pneumococcus caught her resistance lowered through emotion.

Whatever we should like to believe about the infectious coryza, we cannot escape the evidence that a thorough soaking without a change, sitting in a draught, or a long time in a stuffy railway carriage with exposure to cold later are liable to bring it on. But it is possible to fuss about these things, until an emotional state is another aetiological factor It is an old belief that sea water does not "cause cold." No more does a soaking on Helvellyn if one enjoys it. It is highly probable that one can worry oneself into a cold. We get back to the psychiatrist with the letters to which I have referred, but I part company with him when he wishes to give a course of psychological treatment *himself* He should have given the thought, which my grandfather got from an old woman, as an idea to the medical profession.

One of the Forsytes in the *Saga*—probably Soames—says doctors are always discovering what our grandparents knew and giving it a fresh name, vitamins—my grandfather's old doctor told him to suck an orange every day Soames Forsyte and the doctors are both right, but we need both to get a sense of proportion.

The influence of the mind over the body is of overwhelming importance I do not think the doctors of my generation have underestimated it. There are two things, however, which I have noted First, that they often get their best results without saying much about it to the patients or relatives. In this way a section of the community has grown up to believe that we take no interest in the subject. And secondly, there is the difficulty of finding the time and, equally important, the economic problem of the fees. If, and when, the future solves these things, the family doctor might remember my experience with the Guild of Health and insist that he must take the patient as a whole. He has the wisdom and ability—he may be given a little more knowledge He has succeeded in the so-called better-class practice, but the system has been against him with the artisan.

These are the days of preventive medicine The child is virgin soil I have been medical officer, for many years, to an Institution for the deaf and dumb We get young children who have been cut off from the outside world by reason of their disability The school develops the character on the premises—and a very good character it is I have been to see them at a dental clinic, and perhaps as many as twenty children have come in, one after the other, climbed into the dentist's chair with a grin at the anaesthetist, taken the gas and after the extraction trotted back to the others in the waiting-room, without a single one that jibbed It

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There are some diseases that may develop in a healthy being but those which are more avoidable are rarely met with in children of good character Health lectures should be directed towards the development of the right character If fear, anxiety and selfishness are abolished, that old-fashioned quality called obedience comes quite naturally and the standard of health will be good I once had the opportunity of expressing this view to one of the chief medical officers of the School Medical Service. It was an entirely new thought for him I have felt on many occasions that the State might seek, with benefit, the wisdom of family doctors and clinicians

One learns a lot about the human brain when one plays with children I am not quite sure what the psychiatrist believes about frustration I like to see every boy get a kick at the ball—but we cannot all play centre-forward for the Arsenal I once asked a small boy if he was in the cricket team, to which he replied quite solemnly that he was in the second eleven I heard afterwards that there were only nineteen boys in the school Now if he goes on in life with that spirit, I think frustrations will pass him by—unless someone puts them into his head

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It is true that his patients expected a bottle of medicine (of which both the colour and the taste had significance) but some good [illegible]

confession. In most cases when a woman says to the doctor, "I know you understand," she is wisely grateful that things of the spirit have not been expressed in the crude language of words.

Sometimes we discovered that our patients were relying too much upon us and we had to re-establish their confidence in themselves—occasionally by the simple means of a little judicious neglect.

There is a picture in *Punch* in late Victorian days. An elderly Scotch woman receives the enquiry "And how is your married daughter Jeanie getting on?" to which she responds, "She's doing fine. She canna abide her man, but there is aye a something." Times change—there would be no point in that picture to-day, but in those days, with so few careers for women, there was a deep-seated belief that a [illegible] husband of any sort a[illegible] the talk of the town." [illegible] and perhaps psychosomatic medicine is more complex.

I remember one woman who told her doctor that she did not wish to live. He had a wise Victorian bedside manner and replied: "Madam, your husband could have a second wife, but your children cannot get another mother." I dislike cynical thoughts and yet I believe the hint of a second wife was a stimulus to recovery. Years later I knew husband and wife as a happy [illegible] family. He was present when a child was born. He must of necessity be a man of *many sympathies*. He had opportunities of seeing his patient

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The undergraduate of my generation had instruction in gross mental disease but little of value with regard to anxiety states and other psychological problems Nevertheless, he had every opportunity of developing his medical personality and the young

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I remember one woman who told her doctor that she did not wish to live. He had a wise Victorian bedside manner and replied "Madam, your husband could have a second wife, but your children cannot get another mother" I dislike cynical thoughts and yet I believe the hint of a second wife was a stimulus to recovery Years later I knew husband and wife as a happy married couple, both septuagenarians

I would claim that my old Victorian doctor had advantages over the modern psychiatrist He took the whole family—He was present when a child was born. He must of necessity be a man of many sympathies. He had opportunities of seeing his patient

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been a study in psychosomatic medicine, although I was not familiar with the term in those days.

During a war much is forgotten which, later, is rediscovered in different words The clinicians, with whom first I worked, knew a great deal about the influence of the mind over the body. We lived among these people, we could get inside their lives. We knew something more than just the idea that they [illegible] We were cautious [illegible]

lines of psychosynthesis, and our patients said we had pulled them together.

We heard of some women being called a Martha and others a Mary, but we knew that many were a mixture of both If we did not use the labels "extrovert" and "introvert" in relation to our patients it may have been due to want of knowledge, but quite [illegible]

As a speciality, however, it has the disadvantage that it is practised by the individual psychiatrist without witness of the *family* [illegible]

family doctor. It is a grave responsibility. We should encourage the teachers of psychology in the University centres to come amongst us They should go round the wards with the physicians and should meet the family doctors for discussion. Doctors should not practise as psychologists until they have themselves "proved the livableness of life," and there is wisdom in the spirit of the woman, whom I have already mentioned, who wished for a doctor who had piloted his own children through more years of life than hers had lived.

In 1933 Trotter used the words: "I shall ask you to be indulgent to a weakness of seniority by which it tends to over-estimate the value of the elementary and simple." I doubt if "over-estimate"

privately, alone, but often enough he drew some confidence in front of a witness Now this presence of a witness is a very *important point It requires more skill* and understanding, and it is higher art

The best abdominal surgeon likes a witness when he opens the abdomen It is a sound tradition I wonder sometimes whether fallible human nature should open a mind behind closed doors It is possible to open a child's mind and at the same time open a mother's eyes

I heard of one woman who was seeking for a doctor, soon after coming to the district She had two small children and wished for a doctor whose own children were a little older The spirit of this was sound, although the doctor must have wider understanding than is gained from his own personal affairs Many family doctors, general physicians and children's specialists had

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complexes, repressions and frustrations, which are merely labels often misapplied, and which tend to confuse one's sense of proportion There is an adage about a dog and a bad name It could be adapted to a child and a label There is much to be said for discipline which moulds one child into the same shape as the others Originality, which is of any value, either to the individual or the community, will develop again later in life It is no bad thing, early in life, to be something of a square peg in a round hole *It rubs off the corners as a rule*

Every family doctor comes across children who need handling with care, who need to be watched, but this should be, as it were, through a periscope I am not fond of labels If a woman asked me if her offspring was a 'problem child," I should say, not unless *she were a problem parent If parents can teach self-control* they need not take too seriously complexes or vitamins or other such "small deer"

As far back as before the first World War a voice was *heard to* carry all across a drawing-room with the remark "Mother is trying to have a nervous breakdown, but the doctor won't let her" The lady in question was restored to good health She had

The Fable and the Label

"In the beginning," said the Professor, "Æsop told the story of a boy who cried 'Wolf,' when there was no wolf You all know the end of the tale It was to point the moral that a liar will not be believed, even when he speaks the truth. Now after many generations it came to pass that an individual might be designated as one who was fond of crying 'Wolf.' Did this imply deliberate deceit or merely a pessimistic personality?"

"You see the significance of my question?"

"Not quite," said the Student

"The point is," said the Professor, "that you must know the old stories and learn the new facts, but beware of labels which are not always true to the spirit of things"

or "weakness" are the right words The experienced golfer in a championship knows that the strength of his game depends upon hitting simple shots in a simple manner The teachers of psychological medicine can help us to a better understanding, but every doctor worth the name is a psychologist in some sort and we must not complicate the work of the medical profession

In September, 1945, when the Archbishop of Canterbury gave the inaugural address at the Westminster Hospital Medical School, he concluded with words to the effect that what patients looked for in the doctor was a man "that had looked at life as a whole and had gained wisdom"

When Humpty Dumpty was explaining the meaning of a word in the *Jabberwocky* he said "You see it's like portmanteau—there are two meanings packed up in one word" During my time psychosomatic medicine has been practised by strong family doctors who have shouldered the whole case It would be a retrograde step to have two smaller men, one at each end, who might drop the portmanteau between them

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Medical Examination in the Absence of Symptoms

> Then out his stethoscope he took
> And on it placed his curious ear,
> Mon Dieu! said he with knowing look,
> Why, here is a sound that's mighty queer!
>
> *The Stethoscope Song*
> OLIVER WENDELL HOLMES

THERE is a time-honoured old saw, that an apple a day keeps the doctor away There may be something in it But I am not thinking just now about the apple, but rather about the philosophy of keeping the doctor away. Until comparatively recently the average individual did not wish to consult the doctor unless there were symptoms of disorder Professor Thayer once wrote, "Why does a man consult the doctor? First and foremost because he has become conscious of himself"

The family doctor, often enough, took some opportunity of giving good advice, or perhaps making some examination in the absence of symptoms when occasion arose, but our patients did not think of coming to us—and we rather tended to keep them away—unless there was something to complain of There were exceptional individuals, perhaps with a particular phobia, who would wish to come regularly, and whom we cured sometimes by sending them to play golf or finding them a hobby

For the average man, we often found that when he came with a complaint which had made him conscious of himself, we could relieve much of his trouble by giving a good prognosis We tended to conclude that regular visits, when in health, might make him self-conscious of some part of his system

Now in 1931, for the first time, a whole-time Medical Officer of Health became President of the British Medical Association In his presidential address, which was full of wise counsel, covering

a wide field, he touched upon the idea that regular routine medical examinations might be beneficial and prolong life It is from about this date that both doctors and laymen have encouraged the proceeding, so that we now have the representatives of the artisan asking for mass radiology, or a doctor writing to a medical [illegible] patients he could take charge of under [illegible]

responsibility If my generation, however, was a little chary of undertaking it, I must not be reactionary Stevenson wrote· "What was the best yesterday, is it still the best in this changed theatre of to-morrow?" But there is considerable accumulated experience of medical examination in the absence of symptoms. To humbly submit some of our difficulties in the past may be of interest.

In the first decade of the twentieth century I went out to dine. Our host was at the foot of his dinner table, sipping a glass of port. He might be about fifty and looked very fit. In an expansive mood he told us that they had loaded his life insurance premiums when he was a young man, they said his kidneys were wrong, albumen in the water or something, he never bothered. Look at him now, never been really ill in his life, occasionally a bit of back-ache, but his old doctor soon put that right with a bottle of medicine. He gave up football when he got married, but he played cricket till he was over forty His golf wasn't so bad to-day. Well, the doctors would not have much to live on if everyone had his health. Still, he didn't complain, he'd done pretty well, needn't have insured at all, if he'd only known. Anyway, who bothered about a bit of kidney trouble? Let's have another glass before we join the ladies.

It would seem as if medical science had given him a raw deal; and yet he has not really suffered. His health and vigour have not been injured, he has led an active life. His career has received no check. He has rather enjoyed proving these doctors wrong If he has paid a little more to an insurance company one can imagine that he almost feels, in some moods, as if he has had his money's worth.

The medical world knows that Osler, as a corrective in 1901, [illegible]
medical knowledge that if a young man with a normal heart is told that it is diseased, he will develop symptoms of functional incapacity of the organ.

Mackenzie could tell us that sinus arrhythmia was a sign of a youthful heart, but once a young man has been told after physical examination that his heart is not sound, it may be very difficult to reassure him. During the second World War we have come across more recruits with an anxiety neurosis about the heart, from restrictions wrongly imposed in childhood, than we did in the first World War. I suppose there have been more school medical examinations. One young man has told me that the school doctor never said anything about the heart, but he always listened to it for a long time The heart is an important organ, but too much examination may make it self-important. There have been some literary articles written about the Conscious Abdomen; I think we might have one on the Self-Important Heart It differs from one that is quickened as the result of nervousness in general.

There are few things so dull and unsatisfactory to read as accounts of cases misunderstood by others, but correctly interpreted by the writer In the one or two I will recount there is something more for consideration A short time ago a young, healthy soldier was admitted to a military hospital on account of enuresis. A doctor examined his heart and sent him to a medical board, who discharged him from the army on account of alleged mitral stenosis Until this time he had been doing full duty, playing games and been perfectly well in every way except for the enuresis. Since discharge he is short of breath walking uphill and leads a quiet life, doing an inferior sedentary job. His own doctor said his heart was normal A second, to whom he went on his own account, concurred, but sent him to me A full investigation revealed no disease. He had what some people might call rather a rough first sound The point of interest is that, whereas he was fit before his heart got a label of disease, now he is unfit.

A few years ago a young woman obtained the post of lib-

rarian, she was suitable for the work. She played hockey and tennis exceptionally well, but was rejected for the post finally, because of alleged mitral stenosis Her own doctor said the heart was normal, with which I agreed, perhaps she would have got the post if her parents had been more insistent about it. She had been rejected by someone with a medical qualification who does not treat the sick. I am sure that is a mistake. Anyone who spends much time with disease is looking for the normal in a case like this, whereas those who are not engaged in practical [illegible]

[illegible] normal in the mitral valve, was there any reasonable risk that she would have been off sick or come upon a pension fund? I should say enlarged tonsils, otorrhoea, or septic teeth, or signs of anaemia [illegible]

[illegible] heart was the least important organ for investigation It takes a long time to perfect one's technique of auscultation, and by the time one has clear views about the conclusions one may draw, there is a tendency to listen to the patient's story and to keep the stethoscope in its place

An old patient of mine died the other day at the age of ninety-two When he was fifty years old he was refused for life insurance [illegible]

[illegible] to another town for examination, where he passed as a first-class life.

For a medical overhaul we should prepare ourselves, not with a manner, but with an understanding mind to bring our best to the interview. We must not treat a human being as a machine. Something of a history should be obtained—what sort of games are played and the occupation and hobbies are important. Conversation will indicate the mental make-up If a man is something of an athlete, it is worth knowing, so that a nervous heart, batting against the end of a stethoscope, may have the benefit of the doubt.

The medical world knows that Osler, as a corrective in 1901, wrote a paper on the advantages of having a trace of albumen in the urine Now what might my friend's life have been if medical science had blundered in reference to his heart? It is common medical knowledge that if a young man with a normal heart is told that it is diseased, he will develop symptoms of functional incapacity of the organ

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approval, with a view to adoption. The family doctor discovered a systolic bruit—that was the problem. It was a nice baby and the woman had already grown fond of it. She wished to keep it, but would rely on my opinion. I was prepared to diagnose an incomplete septum of the ventricles, with a heart not enlarged and no cyanosis there was no heart-block. I looked to the future, however, suggesting that there would be a normal active childhood, with average development, but perhaps as a young woman questions would arise about marriage or bearing children, which led up to saying that the child should be returned to the home from which it had come. I was told afterwards that I had given the right opinion. The child died soon after being sent back. One is always gratified to hear that an opinion has been correct, but I can only say, of the fatal termination, that nothing was further from my thoughts.

The oldest man I ever examined in this way was eighty-nine and nine months. He was sent at his own request, without much information, but the doctor said I must take him seriously He sat down in my consulting room and said that any fool could live till eighty He wanted to know if he could live till ninety That was his ambition, to go on living for another ninety days. Well, he had not brought his valet with him, but we managed to get an examination of the heart. We took a record of the diastolic blood pressure, his arteries were rather hard but not tortuous. He looked fit and was very courteous, but what was I to say? I know that Stevenson once wrote "It may fairly be questioned (if we look at the peril only) whether it was a much more daring feat for Curtius to plunge into the gulf, than for any old gentleman of ninety to doff his clothes and clamber into bed." But these words, so charmingly strung together, were to point the moral of the essential cheerfulness of age, in spite of the insecurity of life. Why should I heed them? I told him he would succeed in his endeavour, but two nights before his birthday he climbed into bed for the last time and never saw the morning

I should not feel that my experience was complete unless I had passed a man for life insurance, who had died shortly afterwards. He was sixty-three years of age. His general physique was good. There was no evidence of cardiovascular disease to be detected by

In examination for life insurance the profession has met with some difficult problems, as for example with glycosuria. The experience gained over years, and the advances in medical science, have corrected some former errors For the individual in question examination for life insurance need not be a particularly important concern, but it is becoming increasingly common that a much more serious problem may arise, now that so many business organisations have their staff examined for superannuation purposes before accepting them as members of the firm. To be rejected here is a great misfortune In many cases the examination is carried out by a doctor who has whole-time responsibilities to the firm It must be very difficult Here is an example An active man, twenty-nine years of age, was discovered at such an examination to have a systolic blood pressure of 155 and a diastolic of 90 He was rejected He was in perfect health, capable of playing a first-class game at lawn tennis His brain was a good one and he was excellently equipped to serve the firm Had I been managing director I would have picked him as likely to be of great value Do we really know what this hyperpiesia portends? Suppose he does tend to fail round about sixty years of age, is it not possible that a "live-wire," such as he, may have been of more value than an average mediocrity? I do not know the answer to the question which such a finding raises, but, as a matter of fact, this particular man was sent to me for an opinion and I advised that he should be accepted Taken with an average group of young men, there are so many other things which any one of them may develop, that I think we should not be too strict with the cardiovascular system which is comparatively easy to examine Which is not the same thing as to say that it is easy to assess the findings Because we find it convenient to use the stethoscope and the haemomanometer we may tend to lose our sense of proportion In this young man with a blood pressure reading higher than the average it was important to exclude kidney disease, but otherwise I think he should have the benefit of the doubt

In private practice some of these examinations can be quite interesting A few years ago I was asked to see a baby, three months old, which had been taken in by a husband and wife on

[illegible]

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was his ambition, to go on living for another ninety days Well, he had not brought his valet with him, but we managed to get an examination of the heart. We took a record of the diastolic [illegible]

[illegible] at the pen only) whether it was a much more daring feat for *Curtius* to plunge into the gulf, than for any old gentleman of ninety to doff his clothes and clamber into bed" But these words, so charmingly strung together, were to point the moral of the essential cheerfulness of age, in spite of [illegible]
Why should I heed them? I [illegible]
endeavour, but two nights be[illegible]
bed for the last time and never saw the morning

I should not feel that my experience was complete unless I had passed a man for life insurance, who had died shortly afterwards He was sixty-three years of age His general physique was good. There was no evidence of cardiovascular disease to be detected by

an ordinary physical examination. There was, of course, no *history of angina of effort. The Insurance Company* were not disposed to be critical. It appeared that they understood, and covered, such risks.

Medical science progresses—former errors may be corrected. Glycosuria is a good illustration [illegible] ation for a sugar tolerance [illegible] day—one of the most satisfactory investigations which we have—but *formerly there were some individuals the worse as the* result of an examination.

Nobody knows what the outcome of mass radiology may be. [illegible] us pause. Many tubercular lesions in the lungs have healed during a comparatively normal existence. In the presence of symptoms, be they slight, radiology of the lungs is wise. In the absence of symptoms, there is a risk that some lives will be disturbed without *obtaining the cheerful, courageous co-operation* of the patient which is one of the chief essentials in arresting the disease. That is the point to remember. The very man who was taking some care to keep fit, or the man who was doing well because he led a normal life, unconscious about his health, may make a poor show if latent disease is revealed, because, in the nature of things, he *will expect to receive a cure, which, at present, we cannot offer.*

Quoting from memory I [illegible] of Lord *Horder's*—"*The art of med.* [illegible] again diagnosis." There is n[illegible] of the physician, or any other medical man, called in to investigate some symptoms. *Lord Fisher* in *his autobiography* says that he learned the valuable maxim "Don't prescribe until you are called in," from another medical member of the House of Lords. We are tending more and more to undertake the responsibility of making a diagnosis when we are not called in. Do we always *realise what a great responsibility this may be?* When Thomas Hood, the poet, was wasting away from phthisis and cracked his famous joke about the poultices "with so much mustard for

so little meat," he might have felt that life was an individual problem and that almost anything in mass form was incompatible with human welfare

A poet might say that every family doctor knows that there is a spiritual side to medicine (not quite the same as psychological), as well as the physical. Every hospital officer who has worked successfully with a ward sister through the critical stages of a desperate illness of some patient, knows that there is a team spirit of three—doctor, nurse, and patient It may be a far cry from a life hanging by a slender thread which did not snap to an individual picked out of the herd because his lung has cast a shadow; but he is an individual, with all his possible variations, and there is a spiritual side to him It will be necessary, on many occasions, to gain the understanding of a wife, or mother, at the first possible moment, lest there be the charge that he was all right until the examination came along

It is all in the right direction that the profession should be encouraged to consider health and not solely disease, but I do not think this is really new for family doctors in my time They have great experience of how the variable human being may react to a diagnosis The Responsibilities of Mass Radiology would make a good subject for discussion at a clinical society of general practitioners

This idea of a routine medical examination is very interesting I may be wrong in doubting whether it would promote good health, but at least one may say that we do not have it for ourselves. Some years ago there was a picture in *Punch* headed "When I f[illegible]

[illegible] complex undertaking Examination of those engaged in a dan[illegible]

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[illegible] plex undertaking Examination of those engaged in a dangerous trade, or those exposed to some special risk, is another matter Perhaps a doctor who was practising before the days when phthisis could be diagnosed by radiology must mod [illegible] in accord [illegible] regular r [illegible]

Exami [illegible] should be encouraged with some event in view,

although, before giving advice to those contemplating matrimony, it is well to know if the interested parties will abide by it Two young people were brought to Sir William Osler by the prospective parents for him to decide in a question of phthisis. When the young people were alone with the doctor, and before he gave his opinion, they told him that they knew what his advice would be, so they had got married the day before

As a matter of fact, at any rate in these days, if there is doubt, we should remember that a semi-invalid husband may be compatible with a happy marriage, but the invalid wife is likely to bring failure

I am all in favour of the family doctor taking his opportunities of giving good advice about habits He was a sound fellow in Sam Weller's story who said "four crumpets every night will do your business in six months", although perhaps he should have realised, as the conversation progressed, that it was a case for the psychiatrist It was indiscreet to tell a man how many crumpets would kill him at one sitting Mr Pickwick was justified in being startled by the tragic end of what appeared on the face of it to be a simple story

What I have seen of inspection of school children has been good, but it can be less of an event for the average child if it comes through the family doctor or the Children's Hospital As I have already emphasised, I think the examining doctor should be one who deals with disease

There are many things, more important than a physical examination, which a good doctor could bring to his patients to improve their health He could go round the class-rooms at school to observe those who are working under mental strain He could join in the games, or could umpire, watching the development of muscular physique and of character—both are essential for health, and particularly the latter The tortoise may need a little prodding and the hare a little holding back. It will bring health to one boy to be a centre-forward and to another to be a naturalist. And so it is later in life If the artisan is doing heavy work, there is no objection to his watching professional football on Saturday It is quite an attractive amusement It is better than going to race meetings or the dogs But the office worker, in his spare time,

should be taking exercise in the fresh air, although, as he gets older, not in a form too strenuous. Good family doctors have helped in these matters. No doubt they could do more, if suitably encouraged, and perhaps with an extension of the principle of remuneration by contract.

Most of my generation would have been rather sparing with regard to anything in the way of a routine overhaul. We have tended to teach people to keep away from us unless there is some disorder to correct. Perhaps we have felt that it is hard to decide just what advice should be given, and certainly we believe that a sick man is more amenable to taking it. In the spirit of my time I think most of the best family doctors have felt that running the ruler over people who are in good health is not devoid of danger. It may make them conscious of themselves But to some extent I speak historically of the past. If in this changed world of to-day they are already health conscious, perhaps the point of view is altered. We can still learn from past experience, however, we might sometimes seem to fail as servants of the public. Within a short time of some routine examination many disasters, quite unexpected, might occur, as for example a coronary thrombosis or a haemorrhage from a duodenal ulcer

An examination before entering one of His Majesty's Services is, of course, essential, even though it be granted that a few mistakes are inevitable In the main the protection is for the service. Although the conscript is entitled to protection which the volunteer may not desire For the individual there is value in medical inspection before taking up a career—as for example nursing Banking companies and industrial organisations have their em- [illegible]

advise in relation to symptoms than to assess the significance of some apparently abnormal physical finding In doubtful cases, where there is risk of individual hardship, it would be right to consult with the man's own doctor and there should be facilities for a second opinion.

The Healthy Man and the Doctor

"SOME people," said the Healthy Man, "recommend a routine medical examination once or twice a year."

"Yes," said the Doctor.

"You, yourself," said the Healthy Man, "could have such an examination without expense and with little inconvenience."

"Yes," said the Doctor.

"When were you examined?" asked the Healthy Man.

"I hardly remember," said the Doctor. "Once, I think, as a medical student, once for life insurance, before I got married, and again in the 1914 war for military service."

"I see," said the Healthy Man. "Thank you."

During my time the progress of medical science has enabled us to correct some former errors—such as we made with albuminuria

overhaul

The young doctor of to-day, with his advantages, may feel confident that he can do justice to such a proceeding He must not, however, consider that a senior is reactionary if he suggests that history may repeat itself and that some of the variations from the normal, which modern methods may detect, will only be assessed correctly after the experience of a generation

The question of medical examination in the absence of symptoms might be discussed from many points of view A complete survey would make a long story These are stray thoughts perhaps loosely put together But Tristram Shandy says "As no one, who knows what he is about in good company, would venture to talk all—so no author, who understands the just boundaries of decorum and good-breeding, *would presume to think all* The truest respect which you can pay to the reader's understanding, is to halve this matter amicably, and leave him something to imagine, in his turn, as well as yourself"

of 1887 and 1897, when life in general and the British Empire seemed to be secure

Gee believed that the chief causes of arterial disease were heredity and high living, something of a gouty diathesis for which so many took a "cure" at some Spa. I have heard the story of an anxious patient calling at a distinguished door-plate, seeking an interview that morning, only to be told by the footman that the great physician was full up with appointments The patient returned in the evening to say he felt so ill that he must be seen, but the footman was adamant. Relenting a little, however, he said, 'If it is any use to you, Sir, I may say they are all being sent to Homburg to-day" No doubt it was a nice change and relieved the over-loaded metabolism

Many Victorians lived to an active old age One met them in one's boyhood There were examples in the medical profession Probably these did lead abstemious lives, and there is the well known example of an abstemious Liberal Prime Minister, full of strain and anxiety, who required no more than the care of a laryngologist to coax his voice back at the age of seventy-six, so that he might carry through one of his greatest triumphs in the Midlothian campaign. Robert Louis Stevenson wrote of "the perils of the dinner table, where most of our ancestors have miserably left their bones" As an epitaph it is beautifully said, no doubt there is something in it, but when we try to get right down to the disposing causes of arterial disease, I grant you there is something in heredity, but I am not convinced that high living of a self-indulgent kind is the chief cause

Gull once said, "Bright observed the heart and the kidneys, but he forgot the *man* between, the whole man should have been included in the specimen." And Gull himself wrote on arterio-capillary fibrosis It is the essentially arteriosclerotic and hypertensive cases which are most worthy of discussion, because in the early stages there is more scope for guidance and treatment, and Gee's clinical story records arterial disease as the first physical finding Perhaps the haemomanometer (which came into use about 1905) would have given a high reading at the first examination when "biliousness" was the predominant symptom

I remember the prosperous Victorian dinner table, and very

The Beginnings of Disease

> [illegible]
>
> [illegible] When
>
> And How and Where and Who
>
> RUDYARD KIPLING.

SIR Samuel Gee published a medical lecture on *The History of a Case of Cerebral Haemorrhage*, it is not dated but others in the volume come between 1867 and 1903, and we know that he described Coeliac Disease in 1888 The lecture begins by contrasting hospital with private practice, in the former post-mortem examinations are the rule, but in the latter one may know much more about the patient and perhaps follow most of his life history

The clinical story opens with a middle-aged man, previously robust, seeking advice for biliousness, he fares sumptuously and by this time feels he needs the wine he takes The next event is painless haematuria, [illegible] and the pulse "a little ha[illegible]

When the blood clears up there is no albuminuria He resumes his former habits (that is the over-eating and drinking) when in two or three years the haematuria recurs Gee thinks of heredity and good cheer as disposing causes The essential lesion is arterial degeneration Advice, which is not taken, is given about more abstemious habits, and perhaps another doctor suggests "good old port," because he thinks the patient is "a peg too low" In the course of time there comes an urgent call, he is mildly aphasic with numbness in the right arm and slight hemiplegia There is albuminuria, the arteries are thicker, the pulse more hard and the cardiac impulse heaving He takes the advice offered, with benefit, but then relaxes, goes for a holiday and dies of cerebral haemorrhage 'He was nearly sixty years of age" We may call him the prosperous Victorian—the Man of Property—and shall we say he died some time between Queen Victoria's two Jubilee years

enough cricket and golf to keep him fit. He died of coronary thrombosis

Speaking from memory, I once looked up some records which had been prepared for Lord Dawson, who was opening a discussion on Hyperpiesia. School-boys were investigated so that healthy arteries could be studied. There was some evidence that boys working for a scholarship gave a higher reading than their fellows. This line of thought seems to me to be the most in keeping with my own experience To be a little bit keyed-up—not able to relax. Is there a lesson to be learned from cricket? It is easy enough for two batsmen to go in first and knock up a hundred runs, but the next man to go in may not get any If he is at all keen, he has been sitting prepared for a long time, risen for an occasion that might come any minute, but flat and tired when it arrives Some people get keyed-up in life, time and again, for an innings which they never play

No doubt there are many causes of arterial disease. Perhaps this idea that arterial hypertension is essentially due to psychic causes is too simple an explanation In these days, however, it would make a better clinical story than the one of a prosperous, self-indulgent Victorian digging his grave at the dinner table. Moreover it can be applied to both sexes I think it may be accepted that there is more arterial disease in women than formerly If this be the true explanation, where is the Homburg treatment for the mind? It was a simple thing to advise a few weeks of a simple life, but it taxes all the ingenuity of the best family doctor to relieve the anxious temperament. Trying to relax may be rather like trying too hard to go to sleep, which sometimes defeats its object.

In the advanced stage of disease the hard pulse and the hard arteries are both present in a considerable number of cases, but in the beginnings we may be chiefly concerned with one or the [illegible]

[illegible] vexation and intemperance. I think this contains some wisdom. These three—and in our time the greatest of these is vexation

good dinners too, nothing that could possibly do any harm as an occasional event, with a quiet evening and "*carriages at eleven*" Their children and grandchildren have eaten less and taken more exercise, but their alcoholic liquors have been more poisonous in themselves, much more likely to damage the mucosa of the stomach

Do we really know anything about the early stages, or the aetiology, of arterial hypertension and arterial degeneration? I can call to mind four men, whom I knew really well, of each one of whom it could be said, "he was nearly sixty years of age" when he died, in all of whom the arterial problem was recognised some years before, and every one of them abstemious The first was a successful surgeon, not overworked, but not having the gift of doing things with ease He smoked a pipe in moderation Both his parents lived till eighty I believe he adopted a career which entailed strain, which would have been beyond the capacity of his relatives He was never robust, but played a little tennis and golf He died of cerebral haemorrhage The second was a medical man in a salaried service. A keen footballer as a student he remained in good training with cricket and golf, both of which he played with ease He was abstemious and a moderate smoker His work was well in hand, but I think he probably had considerable personal anxiety He had a coronary thrombosis and died suddenly later The third was a successful business man Three of his grandparents lived till eighty, as did several uncles and aunts, and his parents till seventy-five He was a total abstainer and a non-smoker He did not eat too much, of which some teetotallers are accused He had no restful hobbies, and played football when he was old enough to know better He played cricket till well over fifty, and I should say made an anxious business of it, rather than a recreation He ended with a cerebral thrombosis I think he was restless and keyed-up by nature He had few anxieties The fourth was his brother—a familial association, but not hereditary in view of the forebears He was a total abstainer till forty years of age He smoked a pipe and had restful hobbies They were in business together, and perhaps got a bit excited over it, but did not suffer from failure or too great success *This man had a normal, healthy existence with*

one at a British Medical Association meeting, which body was forming committees in many parts of the country, and another in Copenhagen, where an International Committee was being formed in 1884. Printed forms, with a simple questionnaire on many subjects, were prepared. There were fifty-four committees in the British Isles, with eight hundred to a thousand leading practitioners enrolled through the British Medical Association. Memoranda were issued on acute rheumatism, acute pneumonia, inherited and acquired syphilis, diphtheria and on the evidence of contagion of phthisis. Considerable stress was laid on family histories, with some misgivings that the head of the family might not co-operate on all occasions. "There is a lurking dread in every man and in every family, of exposing their frailties"—those are the actual words. Perhaps it would be comparable to searching for reliable evidence from tombstones. Samuel Johnson once said "In lapidary inscriptions a man is not upon oath." Volumes were published which Gull had with him in Copenhagen. One ought to read those volumes. Perhaps a good deal was learned, but nobody ever told me about it when I was at Guy's. At Copenhagen he could report that 1,078 members of the British Medical Association had returned answers about the communicability of phthisis. 261 had observed it, 39 had reasonable suspicion and 105 had offered "facts and arguments" to negative the view. If I have the figures correctly there would appear to have been a large number of inconclusive answers. (Did those reactionaries who argued against the contagiousness of phthisis know that the Arabian physician, Avicenna, some eight hundred years previously had taught the doctrine that this disease might be communicated from one individual to another?) The other subjects were perhaps more difficult, at any rate in 1884. For them there are no figures at the International Meeting.

Essentially the idea of collective investigation is quite sound, but it is one particularly difficult of approach. I should imagine that one enthusiast in each district would need to go about, really getting down to the subject with the doctors. Something of this sort has been achieved recently in Newcastle-on-Tyne, with regard to infant mortality. A few years ago the Ministry of Health put forward an enquiry about cancer, which was a com-

In 1921 I was interesting myself in the life history of the renal dwarf I sent the reprint of some notes to the Medical Officer of Health for the county, asking him to be so kind as to get the school medical officers to look out for examples of late-rickets He replied that what we wanted was a study of the beginnings of disease I believe he had got this thought from the writings of Sir James Mackenzie, but it was not new Forty years previously Sir William Withey Gull had expressed the thought in several published addresses I was not unduly discouraged It is a sound medical practice to know first the morbid anatomy, which tells us what we are dealing with and where Then comes the clinical picture of the established disease which teaches us when and in whom Next follows the study of the early symptoms which lead towards the beginnings of the disease, but often enough we cannot say how the condition began or why

One would conclude that the two conditions—hyperpiesia and arteriosclerosis—are favourable for the study of the beginnings of disease. Gull, like Gee, has something to say about his private practice being a necessary corrective to the hospital experience He emphasises the importance of morbid anatomy, but a true pathology cannot be reached by studying the results of disease on the post-mortem table alone (It was a distinguished surgeon in Leeds, a generation later, who taught the pathology of the living, as seen in abdominal operations)

It would, Gull says, be like trying to determine the physical geography of a country by measuring and analysing the contents of its rivers as they fall into the sea It would seem, however, that he, like other explorers who have entered by a river mouth, found the real difficulties began as the channel narrowed and tributaries fell in, because he was an enthusiast for a movement called the Collective Investigation of Disease, which does not seem to have traced anything to its source

Someone ought to publish a complete history of this scheme The prime mover was Dr Mahomed of Guy's Hospital in the eighteen-eighties, an enthusiast often full of a new idea, but he really did launch this one, and if it landed on the rocks in time, perhaps it was because he, its first secretary, died of typhoid fever at the age of thirty-five Gull gave two addresses on the subject,

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plete failure in the area in which I work. Doctors were invited, when a patient died of malignant disease, to send a notification to the Medical Officer of Health, from whose office a medical enquiry would be instituted with the relatives about the early symptoms and origin of the complaint. I wonder if the human element in Dr. Mahomed's Collective Investigation had been studied. How could any doctor countenance an enquiry of that sort about his patient? He might have tried to answer a questionary with regard to those who had consulted him too late—for example with a breast tumour or for metrorrhagia—although health propaganda from that point of view sometimes aggravates the problem by frightening women away from the doctor. District nurses, living and working in the area, are the people to get the confidence of these women. But it would be quite impossible to allow another medical man to make enquiries from the relatives about the early symptoms of a disease, such as carcinoma of the stomach, at a time when there had been headlines in the daily papers, taken from the speeches of a distinguished surgeon, that "cancer can be cured." It is a much deeper psychological problem than just the reputation of the family doctor, although that reputation is one of his best therapeutic assets and is usually deserved. But anyone who has known a difficult widow, with a fixed idea that her husband should have lived, could explain that this type of misfortune would be multiplied by such an enquiry, with detriment to the community.

There is something very attractive about collective investigation, but if we revive it again we must approach the scientific medical societies in the first instance. There was a little bitterness about the want of response to the local cancer scheme, but if it [illegible] or three prepared [illegible] n no [illegible] long [illegible] quite other lines.

We are developing new branches of medicine. There is Industrial Medicine and there is Social Medicine. The Industrial Insurance Societies have spoken of research into some of the commoner disabilities. They have high expectations of the National Health Insurance records. Their point of view is very

reasonable; but the wisdom of the best family doctors must be sought before rash promises are made. For certification purposes there must be a label but this is not necessarily a diagnosis

Sir James Mackenzie has much to say about the beginnings of disease and even more about teachers of medicine, who should have had many years in a family practice I see his point, but somehow I would put it in a different way Gull and Gee valued their own private practice as a corrective to their hospital experience. Their successors in the teaching schools to-day are almost entirely engaged in consulting work. We hear a good deal about post-graduate study nowadays, which of course is most important, but I venture to suggest that, if it is handled in the right way, the post-graduate students coming from a family practice will bring their share of knowledge. It should be carried out in that spirit. If I may give a personal reminiscence, I went round my wards once a week for fifteen years with several family doctors, which added up to a considerable number in all, so that I speak from experience about the knowledge they can impart.

I think in hospital to-day we do ask the questions how did this come about and how will it end We have "follow-up" clinics, although we must watch that we do not take over the family [illegible] The beginnings of disease may be insidious [illegible]

an essay on how a little illness may save many lives It is the artisan's chief rest from work.

How may one commence the study of the beginnings of disease? On the whole I think I should aim at a psychological approach. As William Cadogan put it—vexation. What was the state of the nervous system when these symptoms crept in? If we return to Gull's metaphor of gross disease, comparable to the waters at a river mouth, I think a navigator travelling up-stream toward the narrows and the source should have graduated in a general practice.

There is a good deal of pseudo-scientific nonsense talked about

[illegible]

difficult, however, to go back over a period of years to find out what really has been the fare of a particular individual.

Mackenzie in his later years was starting out on a detailed investigation of the subjective sensations of which a patient might complain when he was "out of sorts"; but the few examples traced in his writings will only illustrate an early diagnosis The improved methods of physical examination have done so much for this. The question that we wish to solve is why does a particular disease begin. In a large proportion of cases we do not know the answer. It is something to know that; but I am all in favour of William Cadogan's teaching about the evils of indolence, vexation and intemperance. These are sound general principles, but it may not be fair to apply them to a particular patient. When we were decorating the wards for Christmas 1899 we found a text over the bed of one of our patients, which said. "Sin no more lest a worse thing befall you," and in the spirit of fair play, due to our ignorance of the aetiology of his disease, we put the text into the coal fire which had uses unknown to modern central heating.

From both Social and Industrial Medicine we may look for the answer to some of our questions about the origin of disease. But we know that the managing director and one of his labourers may develop a similar morbid condition. When we do not know how or why a particular disease begins we can only discuss the laws of hygiene as a possible preventive. If I should add that I believe the right character, developed in childhood, is the best insurance against avoidable disease, it would seem that I have expressed this thought before. The *Autocrat of the Breakfast-Table*, however, says "He must be a poor creature that does not often repeat himself."

Trotter in 1933 points out that in the atomic world all quality is quantity. He foresees the necessity of "an exact and exhaustive numerical exploration of the facts of disease." He suggests that "our final conclusion must necessarily be, that if medicine is to acquire a secure foundation of exact and measured data, it can do so only as the result of enquiries far more widespread and co-ordinated than have yet come within the range of practical con-

templation." This is a return to the idea of collective investigation.

If we develop a State Medical Service we may facilitate this kind of research, on the other hand, we might kill all initiative What were the words already quoted from Oliver Wendell Holmes? "Every real thought on every real subject knocks the wind out of somebody or other" Will it be unwise to knock the wind out of some senior in a salaried service? On the other hand, would it be possible for a number of juniors to elect the right senior? In one sense that has been our principle in a free world hitherto, because young men have been attracted to the clinics and laboratories where they find the most stimulating teachers.

The Non-Co-operative Society

"ONE man," said the Morbid Anatomist, "can work out what a particular disease is and where it will be found."

"One clinician," said the Physician, "may study the subject of when it occurs and in whom."

"The most important knowledge," said the Scientist, "would be how it comes about and why"

"Yes," said the Physician, "we need more knowledge of the beginning"

"For that end," said the Scientist, "many research workers must combine."

"True," replied the Physician, "but to hunt with a large human group is not so simple as with a pack of hounds in which natural ability will take the lead."

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Medicinal Remedies

"I can't tell you just now what the moral of that is," said the Duchess 'But I shall remember it in a bit"
'Perhaps it hasn't one," *Alice ventured to remark*
"Tut, tut, child!" said the Duchess, "everything's got a moral, if only you can find it"

Alice's Adventures in Wonderland.

IT would be in the year 1898 that I attended a lecture on pharmacology, of which the opening sentence was to this effect "Gentlemen, an alterative is a drug which gradually alters and improves a diseased condition of the body, without producing any evident external manifestations" To come within the definition of alterative there had to be a little mystery about its action At least it was not an emetic, or a purgative, nor yet a diuretic, or a diaphoretic That wise old judge of human affairs—Samuel Johnson—wrote in a letter dated 1775, "my opinion of alterative medicine is not high" I think perhaps arsenic and potassium iodide were the star performers I suppose mercury and sodium salicylate were a little too specific, or did we call them facultative alteratives? I should not be surprised These lectures were by way of preparation for the wards We took them during our anatomy and physiology days, and we had to pass in this subject, or take the whole examination again

I suspect that both the lecturers and the examiners were a little ashamed of the whole thing When a tutor opened a revision class with the statement, "the dose of croton oil is *not* half to one ounce," he was sure of his laugh like any other comedian, but it did not really impress his students favourably It all seemed rather queer We had got to pass this examination, but it was not a real subject like anatomy or physiology—there was a catch in it somewhere We could recognise that it was put before us in an artificial, non-committal way

I suppose our teachers knew that very many of the drugs about which we had to learn were indeed of little value, but it would

not help to tell us this When Sir James Paget was an apprentice in Yarmouth, a cousin, who was a doctor in Chester, wrote to him in 1830, "all the articles of the Materia Medica really useful may be contained in a Quart Bottle." Years later Sir James docketed this letter "very poor and foolish." No doubt he had been wise as an apprentice to treat it with scorn, but scientifically it may have hit the mark.

I think we were taught in the spirit that it would never do for a young doctor to know less than a dispensing chemist. I was encouraged later on when I attended Mr Arbuthnot Lane's surgical out-patient department, where he would prescribe a little arsenic and some iodide, and then say that he would leave the making of it up to the dispenser, because he knew so much more about it. For examination purposes we could write out long lists of all the preparations of some drug or another with the correct doses, but one of my friends, when a house surgeon, prescribed two things which would have made plaster of Paris—or so said the hospital dispenser—and one of my mixtures, on the only occasion on which I acted as a locum in a general practice, looked quite nice and peaceful when I wrapped it up—but it blew the cork up to the bedroom ceiling at one o'clock in the morning No one was hurt, and strange to say my reputation did not appear to have suffered.

Now in the oral examination for materia medica, I was asked only [illegible] the p[illegible] was [illegible] the p[illegible] [illegible] these three things get mixed together, but in all these years that have gone by since, I cannot remember that I have ever prescribed it. Of course there are ways of remembering the composition of such powders, which either an examiner or a candidate *may use* It was like those candles in Cranford—we knew and he knew, and we knew that he knew, and he knew that we knew that he knew It was an early practical lesson in keeping a straight face

We may remember that Stevenson had a kindly word for the scraps of science which remained in his mind. He was grateful to remember that emphyteusis was not a disease, nor stillicide a

I have been reading Sir Henry Dale's Federick Price Lecture, entitled, "A Prospect in Therapeutics" After reading his masterly survey in 1943, it seems rather trivial to recount odd memories of mine at Guy's, and yet they catch a little of the spirit of the time. I remember the case of a boy with typhoid fever He was progressing favourably with a mild attack, with no prescription on his bed letter The physician, who was President of the Royal College of Physicians, suggested that we should let him have a bottle of medicine, lest his mother should think he was neglected when she came on visiting day One could write an essay on that. A boy does not do well unless his mother is satisfied Sir William Gull had written "There are many good general practitioners, there is only one good universal practitioner—a warm bed." Nevertheless, the public were not educated to this truth when I was an undergraduate. Although a time would come when a young girl would write on a post-card "I am in the Derbyshire Royal Infirmary keeping warm under Dr ——" (mentioning the physician's name)

For our pneumonias we knew the value of morphia hypodermically We gave them brandy, and a good deal of strychnine. We usually began treatment with ten grains of Dover's powder They had a linseed poultice or an ice poultice—the latter rather difficult to prepare One of our physicians got into hot water, in a private consultation, by ordering a change to ice instead of linseed with the result that the family doctor said his practice would be ruined.

I have one odd memory of a man with pneumonia, who looked, towards the sixth or seventh day, as if he might be defeated. We had got the last shot out of our locker when the physician came round. He prescribed ten grains of musk to be taken three times a day We were told it cost ten shillings a dose. I put it down in a note-book, which survived until it was pulped to make munitions forty years later, but I have never seen musk prescribed again, although our patient pulled through to recovery

One could write an essay on that incident. There are times when it is encouraging to everyone to have some little extra. It is in keeping with the spirit of a voluntary hospital that no

crime. These may be good conversational gambits, but what can one do with *pulvis jalapae compositus*, or with croton oil, apart from the folly of prescribing them?

There are some odd bits of knowledge that would have entertained us As for example the link between Dover's Powder and Robinson Crusoe, that when a nurse used a Higginson's syringe she was perpetuating the name of a mid-Victorian Liverpool surgeon; that Peruvian Bark was used by one of Cromwell's soldiers as a specific remedy more than two centuries before the malarial parasite was identified We might have been told that a Birmingham physician in 1785 wrote an *Account of the Foxglove and Some of its Medicinal Uses*, or that in 1891, at a medical society meeting in the north of England, organotherapy was born Or perhaps we ought to say re-born, because we are told that the Chinese, long ago, fed cretins on sheep's thyroid gland I have often thought that in the medical curriculum it is the dull subject that should have the bright lecturer.

Medicinal therapy was at a low ebb at the end of the nineteenth century. Polypharmacy was dying Drugs which acted on the bowel had more or less stood the test of time James Curry, physician to Guy's Hospital about a hundred years previously, had been nicknamed "Calomel Curry." Perhaps our great-grandparents had tougher insides and were not disposed towards a spastic colon, although Lauder Brunton, in 1870, could say in a lecture—"many years ago a paper was published on the action of belladonna as a purgative"

I seem to remember that our lecturer in pharmacology told us that our drugs must cure safely, quickly and completely, but that sometimes we had to give a medicine which we knew would do no harm and we hoped might do good What a falling off was *there* We then entered the medical wards in the last year of the nineteenth century Pharmacology must be translated into therapeutics I do not remember any special course We just picked up what we could, and I do not think we were taken by surprise when we found that so little physic was in evidence We had been warned—not actually in words, but compared with anatomy and physiology, the subject of medicinal remedies had been presented in a manner unconvincing

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expense must be spared. A good consultant likes to feel that he does not use anything in private practice that has not proved its worth in hospital. It was the right spirit. I always remember Mrs. Patrick Campbell in *The Thirteenth Chair*. She was alone in the room, waiting for a spiritualistic message. There came a knock, and she said: "It is a sign." When it was only the butler who opened the door to deliver a note, she said: "Never mind—it was *a sign all the same.*"

There was some criticism of the "stock mixtures" in the dispensary. It was understood that no dispenser had the time to make up all the bottles of medicine to separate individual prescriptions, but some of the older physicians were afraid that we should not learn how to write an elegant prescription. We never did learn; but before very long the family doctor had his own stock mixtures, and the consultant concentrated upon diagnosis. As a house physician one kept to the few well-tried medicines. [illegible] drugs.

In private practice and the out-patient department of a provincial hospital one seemed to find simple remedies rather more valuable than one had expected. The great thing was not to upset the digestion. Many of the patients who attended over a period of time received some sound advice, in divided doses, before the bottle was replenished. Some day, when those large glass jars filled with different-coloured medicines in the hospital dispensary are no longer in general use, I hope one or two of them will be kept in the museum, so that the new psychiatrist will remember how his predecessor got the same result. It may make all the difference who prescribes the medicine. Mr. Lloyd Roberts of Manchester knew this fact about the prescriber when he told his patient, at a consultation, that there was just "one thing more" he wished her to take. After leaving the sick-room, he chatted away to the family doctor about all sorts of things, [illegible] When [illegible]

When the National Health Insurance Act came in, no one was more impressed than the domestic servant. She could not always call her soul her own, but now she had her own doctor. There was a certain distinguished lady whose cook went to her panel doctor, received a prescription, which she took to the chemist, and brought home a bottle of medicine beautifully wrapped, with sealing-wax and all. Harley Street could do no more. The cook derived so much benefit from one bottle, that the mistress went to the chemist and insisted on having one for herself.

The lay public believed in the efficacy of medicines. I was once playing what some people would call an important golf match. [illegible] better after taking them.

[illegible] number of bottles was checked. Opportunities arose for giving advice and, what is not always remembered, of repeating the advice, which is just as important. Often enough while one member of the family drank a little too much medicine, it gave the doctor a chance to advise some other member about habits in general. It was sound and safe family doctoring. If a man could pick out acute appendicitis, or a perforated gastric ulcer, he was doing a good job of work. We did not know the expression "psychosomatic medicine." We had our failures on the psychic side, but not very serious as a rule. I think one should add that most of our patients in those days professed a religion, or at least felt that they held some philosophy of that sort handed down from their parents. It made a considerable difference. There was a mental background. Samuel Johnson said: "There is but one solid basis of happiness, and that is the reasonable hope of a happy futurity. This may be had everywhere."

This medicine bottle, apart from what it contained, had a

trade of its own I learned this, more than thirty years ago, from an old lady attending my out-patients' One day she seemed rather distressed A misfortune had befallen, and before she ha[illegible] the bottle replenished with something pink and warming she tol[illegible] me her story It appeared that she was by profession a purveyo[illegible] of medicine bottles She noted those better-class houses at whic[illegible] a doctor made regular calls She went round to the back-door, [illegible] [illegible] of buying in the cheapest market, t[illegible] [illegible] bulator to such chemists [illegible] tragedy befell when she left a full perambulator in [illegible] while she had a glass of stout, and someone stole her whole stock-in-trade I did what I could to help her, but she never got he[illegible] property back and the 1914 war brought a shortage of bottles, s[illegible] that the most distinguished patients had to return the bottle t[illegible] the doctor, or go without the medicine

In 1919 we all seemed to start again—doctors and patients Instead of a little milk and a bottle of bismuth mixture, we soon had a full gastric regime The hospitals and consultants devoted most of their talents towards investigation and diagnosis They did little prescribing, except through the family doctor New remedies, more complex than the old simple mixtures, were available There were many more qualified medical men and women who were not engaged in the treatment of disease These, and other circumstances, tended to change the simple philosophy that a bottle of medicine was essential in every case of sickness We had passed the stage of putting faith in a medicine which we knew would do no harm and we hoped might do good. We had to assess the value and dangers of some potent remedies—often enough with little power of doing good There were vaccines, although these were not new, and there were some attempts at chemotherapy, which were not destined to survive

It was necessary to reorganise medicinal therapy when the parenteral route of administration was becoming popular It would not be right any longer in hospital to appeal to the patient, or the relatives, by injecting something no better than a placebo I had intended to keep this miserable word out altogether I think, however, that placebo does come in here, because two

quinine pills before a golf match are rather different from an injection of pituitary

What does the average doctor, however, feel about a placebo? To call *his mixture by this name* is to sign its death certificate as an agent of any therapeutic merit. Under ordinary circumstances he is in no mood to deceive his patient. He knows of a bottle of [illegible] ...ood in similar cases. He [illegible] a critical spirit As an [illegible] self a little than delib- [illegible] ...other he omits to use it, and the result is disappointing, so that his belief is confirmed that it does alter and improve a diseased condition. Sometimes the pure scientist has a pet theory of his own, which is based on evidence less convincing, and does not have the excuse of being helpful to other people.

[illegible]

not to the new prospect opened up by experimental therapeutics. It is more the simple psychic problem of common ailments with natural tendency towards recovery Gull said that remedies act best when there is a tendency to get well. The family doctor is reconstructing his methods, but he has lost some of his power of *keeping in touch* with simple problems It is in the nature of [illegible]

The pure scientist has tended to criticise some of our therapeutic efforts—it was so with our hormone remedies—*but he does* [illegible] ...problem ... doctor may be [illegible] ...hich [illegible] ...ome attempt. It may be expensive, and seem more futile, to use something quasi-scientific instead of the bottle of tradition.

In hospital some of our simple investigations, such as a leucocyte count, may take the place *of a placebo* It will show that we are being watchful, *but* the family doctor has a very real problem, which each must solve for himself. It was all very well for

Trousseau to hand his prescription to a patient saying "Take this while it is still curing" He had other more important duties to perform But it is a nice problem for decision, as to whether one shall appear to commit oneself to some remedy, which will be known to the patient and the relatives *The majority will recover* and it will create a demand That old bottle of medicine, dispensed on the doctor's premises, was discreet and told no tales. It could be varied according to circumstances which were not related to its therapeutic powers We have lost something in its passing

Of course the obvious answer seems to be that the psychological side of the illness should be assessed This, I think, is increasingly understood, but sometimes there are too many cooks—only the doctor could make up the medicine, but any friend, or relative *may take a hand in making up a mind Perhaps we find that a small* upset becomes a big affair, and we wish the therapeutic efforts could have been corked up between the appropriate times for dosage

I have been trying to remember what our simple mixtures were Rhubarb and soda, or gentian, was popular Perhaps a *little* bromide would be added Nux vomica was useful Or it might be bismuth or a carminative There was more in valerian than its unpleasant taste Did so-called expectorants do any good? The bronchitic patients thought so The modern psychiatrist in his consulting room will prescribe some much more dangerous drugs than these It is in no criticism of his work that I would say that, occasionally, it may be for the drug his patient comes

It is easy for the consultant to know where he stands He must not recommend in private what has not proved its worth in *hospital For the family doctor,* whose calling is so much more difficult, the indications are not so clear I have not mentioned the *spate* of literature which flows from the drug firms, but I have touched upon some of the problems which have been in evidence during the last forty years

In the *Life of Sir William Osler* there is an interesting story of how a certain layman came across the famous textbook of medicine in 1897 He read the whole of it with deep interest and pleasure But of Osler's views on treatment he wrote "To the

layman student, like me, demanding cures and specifics he had no word of comfort whatever" And the story tells how, in the course of time, out of this thought, the Rockefeller Institute was founded.

Osler, himself, wrote as follows to a medical critic, "—about my textbook, there is so much treatment abroad in the country that *I have to do all I possibly can to lessen it*" *Sydenham*, *more* than two hundred years previously, had advised doctors that they should "not so far blunder as to fancy that they have saved the lives of patients whom it would have been a hard matter to have killed"

In 1943 Sir Henry Dale can point to the achievements of experimental therapeutics, and look forward to the prospect of a brilliant future for this branch of science There may be a change in the doctor and patient relation which will take the last dregs of faith out of the bottle of medicine, but it was a noble stop-gap between polypharmacy and [illegible]

[illegible]

pr[illegible]

some cousins and myself—we went for a walk with a nursery governess When one of us fell into a bed of nettles we were shown a dock leaf on the other side of the road, as a proof that Providence had placed at hand a cure for each disease, if only we could find it. An old wives' tale which might raise a kindly smile from the medical profession by the time I qualified Cures were few and far between, to hunt for them seemed scarcely worth the trouble The study of medicine resolved itself into how the nettles can be avoided and in which month it is they sting

Then came the sulphonamides and penicillin—neither of them newly discovered when first applied as therapeutic remedies. Was it possible that the old wives' tale was true?

Not altogether an old wives' tale, however, for in the days of Cromwell, Thomas Sydenham had written "Nevertheless I have no doubt that out of the abundant plenitude of provision for the preservation of all things wherewith Nature burgeons and overflows provision has also been made for the cure of the more serious diseases which afflict humanity, and that near at hand and in every country"

Trousseau to hand his prescription to a patient saying "Take this while it is still curing" He had other more important duties to perform But it is a nice problem for decision, as to whether one shall appear to commit oneself to some remedy, which will be known to the patient and the relatives The majority will recover and it will create a demand That old bottle of medicine, dispensed on the doctor's premises, was discreet and told no tales It could be varied according to circumstances which were not related to its therapeutic powers We have lost something in its passing

Of course the obvious answer seems to be that the psychological side of the illness should be assessed This, I think, is increasingly understood, but sometimes there are too many cooks—only the doctor could make up the medicine, but any friend, or relative may take a hand in making up a mind Perhaps we find that a small upset becomes a big affair, and we wish the therapeutic efforts could have been corked up between the appropriate times for dosage

I have been trying to remember what our simple mixtures were Rhubarb and soda, or gentian, was popular Perhaps a little bromide would be added Nux vomica was useful Or it might be bismuth or a carminative There was more in valerian than its unpleasant taste Did so-called expectorants do any good? The bronchitic patients thought so The modern psychiatrist in his consulting room will prescribe some much more dangerous drugs than these It is in no criticism of his work that I would say that, occasionally, it may be for the drug his patient comes

It is easy for the consultant to know where he stands He must not recommend in private what has not proved its worth in hospital For the family doctor, whose calling is so much more difficult, the indications are not so clear I have not mentioned the spate of literature which flows from the drug firms, but I have touched upon some of the problems which have been in evidence during the last forty years

In the *Life of Sir William Osler* there is an interesting story of how a certain layman came across the famous textbook of medicine in 1897 He read the whole of it with deep interest and pleasure But of Osler's views on treatment he wrote "To the

Pathognomy at the Bedside

For there are mystically in our faces certain Characters which carry in them the motto of our Souls wherein he that cannot read A.B C. may read our natures.

Religio Medici.
SIR THOMAS BROWNE.

It would be a good question to set in a final examination Describe what may be learned by study of the patient's countenance. Most students would mention the Hippocratic facies the risus sardonicus, circum oral pallor, a malar flush—all these and more—not forgetting cyanosis and dilating alae nasi. One that would be worthy of honours should add that many of the most important conclusions may be drawn from changes in facial expression, which are there to read but in themselves are indescribable

The ward clerk sees some of them. Sister may see what others miss The house physician sees much more than when he was an undergraduate, and the physician most of all—if he is the right type of physician. Now a shrewd ward clerk, looking on, may see much more expression in the patient's face when the physician arrives There is only one personality concerned with Babinski's sign or a rash (excepting of course a blush) but there are two personalities in the ordinary way, to many facial expressions The simplest illustration may be taken from a man with a slight degree of facial paralysis, in which we all know that an involuntary smile gives better evidence than attempts at voluntary movement. A doctor friend of mine once told me that he found it difficult to achieve a smiling patient. It is the easiest thing in the world if you remember that mirth is infectious and find some simple means of smiling with him.

A good medical face at the bedside however, draws out from a patient innumerable expressions, of all varieties and delicacy of shade It may be compared to a wireless receiving set. It picks up messages in direct proportion to its sensitivity And moreover,

Scientific medical study has been concerned with the nature of disease The layman has been critical, at times, about our neglect of therapeutics He has noticed that a good deal of medical science is of interest for itself and has enquired about its application Guesswork polypharmacy was killed before my time by the *morbid anatomists* We have covered a whole era from the alterative, which would do no harm, to the drug which is not too toxic, and can be tested outside the body against the causal agent of the disease to demonstrate that it can do good

No doubt the Duchess was right when she said "everything's got a moral, if only you can find it" When a new therapeutic agent of real potency seems to arrive as a sudden discovery, as if it were a happy accident, the moral of that was explained by Pasteur when he said "In the scientific world chance only comes to the mind that is prepared"

He would have cut a poor figure as a doctor. It may be a bad sign when someone does not look us in the eye. It was the pawnbroker in Stevenson's story of *Markheim* who said that sometimes a customer with something to sell could not look him in the eye, adding, "Well, he has to pay for that." For those of us, however, who meet people down on their luck, or tired and out of health, it behoves us to reflect that one who does not look us in the eye might do this quite easily with someone of greater understanding than ourselves.

By what right does one use this word Pathognomy? I got it from my great-grandfather who was a Member of the Royal College of Surgeons, London, and who became, eventually, lecturer on Elocution at Harvard University. He edited a book on physiognomy, and it appears that pathognomy signified the study of the movable and moving parts of the face, or, as they called it, the physiognomy of the passions. We read much about the standard types—The Sanguine, The Choleric, The Melancholic and The Phlegmatic, but there is no mention of the finer shades. It is far removed from anything which my great-grandfather can have used at the bedside of his patients before he gave up medicine for elocution—perhaps what he saw there may have been indescribable in words.

In the standard book on physiognomy of the eighteenth century by the German, Lavater, we find the word "pathognomy" in the index, and turning up the reference may read: "Pathognomy has to combat the arts of dissimulation; physiognomy has not." From this, I suppose, we may draw two conclusions. First, that the word was understood so well that no definition was required; the second, that Lavater was more interested in anatomy and measurements of the features than in facial expression.

It may be true that "pathognomy has to combat the arts of dissimulation," but the messages, when understood, have less possibility of being misleading than have words. Joseph Addison, in the *Spectator*, wrote, "a man's speech is much more easily disguised than his countenance." Dickens points out that there may be no messages, when he describes Ralph Nickleby's clerk: "The expression of a man's face is commonly a help to his thoughts, or a glossary on his speech, but the countenance of Newman

when it is obviously working, more messages are transmitted I once went out in consultation to see a well-known woman whom I had never met She called for her horn-rimmed glasses and gave me an honest stare When I said "Do I pass the test?" she responded "You'll do" This is not so trivial as it might seem. For once in a way that it is expressed in words, there are many more occasions when it can be assessed by the patient's facial expression A child on all occasions, and an adult who may be seriously ill, should have the opportunity of taking a good look at a doctor who is a stranger In hospital one may come straight to the point, in some cases, by asking a young woman why she is looking at Sister, whom she can see any day in the week, and not at oneself

We know an anxious expression, we can recognise fear We may get a hint that something is withheld, or by contrast a look of complete confidence The common emotions of suffering, surprise or disappointment can be recognised in the face. We can see, perhaps, that there is some question on the tip of the tongue. *There is little to gain by verbal descriptions* It may be all commonplace enough, but the physician who can send his messages in return by the same channels, or sometimes by word of mouth, will get better results than one who uses conventional gestures and platitudes in the belief that he has a bedside manner

The eighteenth-century enthusiasts for their science of physiognomy liked to use high phrases, such as to call the eye "the window of the soul" It is true that the use of the ophthalmoscope is not the only means of looking beyond the lens It is also true that in some cases of hysteria, or, if we may use the term, state of nervous exhaustion, the patient may pull *down the blinds of the* window by closing the eyelids

Often enough, however, there is something short of this, in *which a lack of mutual understanding* is the reason why no messages are passing When I was a small boy I heard a cold and rather pompous grown-up laying down the law that no dog could face the human eye for long When we were relieved of his presence I tried out the experiment with my own dog, and found that we could look at each other almost indefinitely I wondered what was wrong, but I think now it was the grown-up

words, but he skims lightly over the bumps, telling the Bostonians to have an open mind in their studies, and not to expect too much.

I do not know when phrenology died, but I have seen it as a side-show, beside the seaside, and the "professor," at half a crown a time, was well worth the money to the small boys looking on. One of the first patients I attended in private was a pawnbroker,

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That branch which the eighteenth-century physiognomists called pathognomy

various emotions and passions. Duchenne in 1862, with the aid of photography

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The Expression of

cerned with such questions as the reason why we turned up our noses in contemptuous moods Not, you make me tired—but, I do not like the smell of you. He admits that there are many well-recognised expressions of the countenance that are difficult to describe.

expression of my face, as accurately as possible, in accordance with the expression of his, and then wait to see what thoughts or sentiments arise in my mind or heart, as if to match or correspond with the expression." I think this is

Noggs, in his ordinary moods, was a problem which no stretch of ingenuity could solve"

Physiognomy had been studied by Hippocrates, Aristotle and Galen The layman had views—just as he has to-day Joseph Addison could write in the *Spectator* "For my part I am so apt to frame a notion of every man's humour or circumstances by his looks, that I have sometimes employed myself from Charing Cross to the Royal Exchange in drawing the characters of those who have passed by me" He was thinking probably, in the main, of facial expressions Lavater, who concerned himself chiefly with measurements and the more fixed features, gives one hundred rules, but they are not very convincing, although there may be some wisdom in what he has to say about the forehead the nose and the chin

Mr Shandy took the nose very seriously You remember how *he was prostrated with grief when he heard that* Doctor Slop had broken the bridge of his first-born's nose with ill-applied forceps To remedy this permanent handicap in life, he decided his child must be christened by so high-sounding a name as Trismegistus Although, with a whole nose, he would have let him enter the battle of life as plain George or Edward

To digress into this philosophy of nomenclature is not without interest for the psychologist Stevenson has a word to say about those who come "top-heavy from the font" As for example—William Shakespeare Brown Now from time to time, a good family doctor may get a side-line on the parent's psychology, by coming across a child with a name that is a trifle heavy In all seriousness, it would be disastrous to exercise any levity, but the doctor may have got a hint, which will guide him towards a little correction If Augustus Lancelot Jones, aged ten years, is given out leg-before-wicket, he is more likely to dispute the umpire's decision than if he had been christened John William.

In the nineteenth century physiognomy split along two lines The anatomical measurements degenerated into Phrenology It is surprising what serious consideration this so-called science received, as may be seen by study of the early numbers of the *Lancet* It flourished across the Atlantic The Boston Phreno-

logical Society held its first meeting in 1832, on which occasion my great-grandfather was invited to give the inaugural address. As befits the efforts of an elocutionist, it has a fine flow of sonorous words, but he skims lightly over the bumps, telling the Bostonians to have an open mind in their studies, and not to expect too much.

I do not know when phrenology died, but I have seen it as a side-show, beside the seaside, and the "professor," at half a crown a time, was well worth the money to the small boys looking on. One of the first patients I attended in private was a pawnbroker, who had on his mantelpiece one of those models with a pot head marked out in little green squares on the surface, with love, envy, ambition and all the rest of them printed My patient left a considerable fortune, but was very reticent about his dealings in phrenology

That branch which the eighteenth-century physiognomists called pathognomy progressed into the study of the expressions. It was in 1806 that Sir Charles Bell described the facial muscles in his *Essay on the Anatom* [illegible]
[illegible]
[illegible]
various emotions and passions Duchenne in 1862, with the aid of photography and the use of electrical stimulation, confirmed and elaborated this work. Finally, we have Darwin's book on *The Expression of the Emotions in Man and Animals* He was concerned with such questions as the reason why we turned up our noses in contemptuous moods Not, you make me tired—but, I do not like the smell of you. He admits that there are many well-recognised expressions of the countenance that are difficult to describe He concludes that our expressions, through evolution, are inherited and have become in-born instincts

It was Edgar Allan Poe who could see the other side of this. There is that school-boy, in [illegible]
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good, [illegible]
momen[illegible] the expression of my face, as accurately as possible, in accordance with the expression of his, and then wait to see what thoughts or sentiments arise in my mind or heart, as if to match or correspond with the expression." I think this is

rather an attractive idea There might be something in it There are difficulties, however, in its practical application away from the monkey-house in a Zoo

From facial expressions we come naturally to telephone conversations, because what are spoken words unsupported by a look of any sort? If one sits, by chance, in the office of someone doing big business, it does seem extraordinary that it can be carried through over the telephone How can he tell that the man at the other end is speaking the truth? How can he tell whether the other man is satisfied, or whether he is weakening in a bargain? Perhaps a future generation, with television, will solve this difficulty But when a doctor goes into a practice, he soon learns that there are some things which can only be settled face to face Suppose there is a patient seriously ill in a private house There is every justification for some anxiety on the part of the relatives In my opinion, the doctor is free to ring up the house to obtain a report on his patient, but, on the other hand if a relative in the house rings up the doctor, it is almost certain that he should make the opportunity for a special visit, reasonably soon, to allay some anxiety which may grow and reach his patient The doctor cannot tell whether his opinion has given satisfaction unless he has seen the facial expression of the enquirer I do not mean that he must take seriously every foolish question over the telephone, but in an art as difficult as medicine, he should refuse to give opinions on serious matters without seeing the questioner

Every doctor knows that facial expression at the bedside is all-important during a physical examination What a difference between one surgeon, with delicate hands, gently insinuating his fingers around what is called Macburney's point, watching his patient's facial expression the while, and another surgeon prodding his fingers into the right iliac fossa with the comment, 'Does that hurt?' The one gets the true evidence, although the other may get the appendix

Now about this science of physiognomy It seems improbable that we shall try to revive it Yet, I suppose, we do judge character by looking at the countenance There are some anatomical features that impress For example, we have the Roman nose,

the receding chin, the broad forehead. When Tennyson wrote of "narrow foreheads, ignorant of our glorious gains" it was not just poetic licence, although our civilisation has had some shocks since then. Lavater says, "Whoever saw a hero with a small snub nose?" But that is another story There must have been lots of heroines with a nose of no great significance. We are not concerned with heroes (Or with noses "'Tis a pity, said my father, that truth can only be on one side, brother Toby—considering what ingenuity these learned men have all shown in their solutions of noses.—Can noses be dissolved? replied my Uncle Toby")

If science is a little shy of dogmatising about the rules of physiognomy, it is probable, nevertheless, that our patients exercise their physiognomical judgment of ourselves Let me repeat the words of Sir Thomas Browne "For there are mystically in our faces certain Characters which carry in them the motto of our Souls, wherein he that cannot read A.B C may read our natures."

Soon after I went into a practice, the wife of an artisan said she knew that I tried to get people well. It gave me rather a shock. I had not thought of any other ende[illegible] senior that I [illegible] serious An [illegible] at me, whether or not I was worried about her condition. I assured her that there was no cause for anxiety, but that I should not show it if there were. It was all so different from the Medical School days Although we had been [illegible] particu- [illegible], either [illegible] to try [illegible] and our thoughts. We should give them the opportunity of having a good look.

One day when visiting a sick child I said that I liked the trained nurse whom I had met going off duty My patient told me that she might be clever but that she 'fussed her', adding the comment that a nurse ought to be "a comfortable old party." It is nice when going round the wards to have a Sister who is used to one's ways, who can prepare a patient for examination, but she must not rush the occasion. The physician should take in the

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You may be right. And yet, if you stand by the bedside studying the countenance for ten or twenty years, a time may come when of pathognomy you would use the words which, in another connection, the Red Queen spoke to Alice: "You may call it nonsense, if you like, but I've heard nonsense compared with which that would be as sensible as a dictionary."

whole of the case without fuss, and the patient should examine him, before the physical investigations begin

There is plenty of scope for the undergraduate medical student in the wards to exercise a wise understanding of illness and to pick up some knowledge of human nature In my time we used to have one or two cots for children in the general wards Two or three months after I commenced my clinical work a nice little girl called me "doctor" but a more sophisticated Cockney brat called out "That's not the doctor, that's the ward clerk" It is not until one has the responsibilities of a resident officer that what I have called pathognomy at the bedside can become a practical study One must begin with delicacy of feeling, without too much assurance, nothing can be worse than a stare which puts a patient out of countenance

Ought I to apologise, however, for digging up this word "*pathognomy*"? Was it better in the grave with those from whom I obtained it? I do not find it in an English medical dictionary and was surprised that it appears in an American medical lexicon, where it is defined as "the science of the signs by which disease is recognised" This covers a wide field—I did not know I feel almost sorry that I looked it up When Humpty Dumpty explained the meaning of his word "impenetrability" he said "when I make a word do a lot of work like that I always pay it extra"

I have tried to make something of pathognomy in the sense in which the eighteenth-century physiognomists used it To them it was "the motion of physiognomy" The doctor should learn to study his patient's facial expression, should learn to be under observation himself without being self-conscious, and to have enough reserve to be able to keep his own counsel without having a face like Newman Noggs In diagnosis and treatment he gets the best results who has a receptive countenance

"Yes," you say, "that may have been all right in your young days, but now we have clinical pathology, radiology, biochemistry, other ancillary services and a psychiatrist, complete with diploma, to study the patient's mind What did the *Autocrat of the Breakfast-Table* say? 'Who wants to hear fanciful people's nonsense?'"

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Doctors' Dilemmas

> But, at least, they hear the things I hear,
> And see the things I see;
> And whatever I think of them and their likes
> They think the likes of me.
>
> RUDYARD KIPLING

1. IDLE WORDS

ONE might think that the doctor with his manifold responsibilities would weigh every one of his words to the last scruple. Yet the profession as a whole utters many idle words which come up for judgment in unexpected ways.

The consultant, of course, develops the art of giving a carefully considered opinion on all occasions, but the family doctor does not have the same chance of speaking to a definite audience at a set time. In the course of his busy round he may get into the habit of using words the literal significance of which may escape him. Here is a story which comes direct from the doctor concerned. A young woman, who was a faithful patient of his practice, got married. All in good time she booked a monthly nurse for an event some six or seven months ahead. The nurse asked if the doctor had been informed, but it seemed the lady was a little diffident about this. She was fond of the doctor and anxious that he should attend, but was most emphatic that it was not possible to ask him to call to fix up the date—no, not for this, because it was her doctor's custom to come into the room and say, "*Well! What have you been doing?*" So they solved the problem by writing him a note.

Some people are shrewd enough to recognise the fact that a doctor may sometimes make statements which need not be regarded seriously. Years ago I was staying in a house where a healthy old lady of about seventy years of age was in the habit

two or three things which he had advised and then added, "Poor man, he must say something"

I have one loquacious friend who has held a large practice together for about forty years. After taking care of one of his patients in a nursing home I said I would write to the doctor To this the patient, who was a farmer, responded, "It does not do to take too much notice of what Doctor says" He meant no disrespect but I quite understood.

There is some truth in H. G Wells' division of doctors into two categories. The one who says you are seriously ill and that it is fortunate that you have called him in to bring about a cure, and the other who assures you there is nothing to bother about, saying you are all right until one day you are dead. We had in this district a doctor who belonged to the first of these divisions. It was his habit to say, after seeing his patient, "It's a good thing you sent for me." One day he was called to the vicarage, where he stood rather helplessly by the side of a cot until a small child came round from a convulsion, at which time he uttered his stock phrase. The Vicar's wife responded, "Oh, doctor! what have you done?"

There are family doctors who have developed a technique of talking as a sort of protective mechanism. I have met one who talks as he comes into the house and during most of the visit, finally claiming the last word as he leaves the door-step He allows a consultant a brief interval in which he may give his opinion, but I think the doctor's method is adopted with a view to avoiding awkward questions These are in order during a consultation of two doctors, but in a general practice there are days when it is in the best interests of everyone—patient, relatives and doctor—that nothing very definite shall be discussed. It is possible for a doctor to achieve this with a reserved manner and few words, but it may be easier to succeed in this endeavour if he monopolises the conversation. In one way these are not idle words but they may become such by force of habit.

I once went fifteen miles to see a patient in consultation and only spoke one sentence to a woman who was seriously ill. The doctor talked all the time in the bedroom, dominating the situation, without saying much to the point. When he stopped to

get his breath, I told the patient that I could do more for her if she came into hospital, to which she consented with a nod and the consultation was closed. I am not excusing this doctor's flow of words as being in the nature of a foible. It is sufficient to say that he soon left the district.

Of course a few judicious words, just to make someone feel at ease, may be useful but are not always devoid of risk. When a very distinguished patient, in his own bed, was having his chest X-rayed in 1928, the radiologist with his best bedside manner said that the portable apparatus was one which had been used in France for military casualties in the first World War. The distinguished patient remarked: "Oh! haven't you got anything more up-to-date than that?"

I was once called in consultation to an elderly man who dwelled in a caravan. I was told they were prosperous people. The patient was showing signs of heart failure. I opened up the conversation with the suggestion that he had done some good hard work in his time, which many people receive as a compliment; but our patient, somewhat indignant, responded: "Work!—Me!—never did a day's work in my life."

Of course in these rather trivial stories I am far from suggesting that the doctor's thoughts are idle. I have only been hinting that some of his words may return in unexpected ways. There is, moreover, need to watch that someone does not take advantage of the fact that he is deeply concerned with one condition, to put a question about something else. Perhaps an ill-considered answer may have serious consequences.

During physical examination, particularly of the abdomen, we need our patient to be relaxed. Often enough it requires considerable art to bring this about. To ask a patient to stop talking may be reasonable during auscultation of the heart, but true relaxation of the body as a whole is obtained best by means of a quiet manner and a few well-chosen words that will hold the attention without producing excitement. With an adult some routine technique may succeed, but with a child it must be the inspiration of the moment. The doctor must know how to talk a little without saying anything of particular significance.

There is such a thing as an idle question. The other day I saw

a child, nine months old, with congenital heart disease. It was well-developed with a healthy colour, but there was no doubt about a bruit which indicated an incomplete ventricular septum. The condition had not been recognised in hospital where the child was born, but had recently been detected at a Welfare Clinic. The mother was still very upset because the doctor had put the question, "Does he go blue?" She was looking out for this alarming occurrence. I think the words were ill-chosen and liable to produce a misconception. I suppose every one of us makes the mistake, sometime or another, of putting a question better left unasked.

There is one for which I have a particular distaste, but have heard it put by a good consulting physician. I may be quite wrong, but when there is some tumour which might be a hydatid cyst, is it worth while to ask a man whether he keeps a dog?

Apart from stock phrases and idle words, I have thought sometimes that our traditional expressions may be ill-considered. Of those conditions with which the family doctor has to deal, a confinement is the one above all which [illegible] sake, [illegible] the ex[illegible] unwise and unjust to the situation. It is more judicious to speak of a piece which has "not separated."

There is a type of consultant who inclines to make the statement to the relatives that it is too late for him to do anything. The words may be literally true, but sometimes the nature of the disease has been such that, at no time during which the patient has been under medical observation, has there been an opportunity to influence the condition, in which case the words "too late" may give a false impression.

It is true enough that we get credit for many things over which we exercise little influence and we must be prepared to take blame by way of levelling up for something which is not our fault. There is a great deal in the choice of words, however. It is unfortunate for a doctor to receive censure, but on the whole I think it tends to have a worse reaction on the life and outlook of those who blame him. It is to some extent a temperamental question. Those who will readily give adverse criticism are likely

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and I may say incidentally, that when the time comes that they do not grudge his well-earned rest, it means that he is a good doctor and has arrived—or at any rate is travelling the right road.

If history will one day speak of those queer, rather commercial fellows who bought and sold patients, I should like to put in a word for them to prove that they gave a good service.

We believed that a wise man ought to know who was his own doctor As a rule women were even more loyal. If they had children they had more opportunities of judging Around this loyalty to the doctor grew up medical etiquette It was not always easy to let our patients understand that this was for their own protection. They would think sometimes that the profession discouraged promiscuous changing of the doctor in the interests of the medical men themselves, whereas we believed in free choice by all means, but not in haphazard changing which militated against good service.

This brings us to the doctor who started as a squatter—to use that most unfortunate word for the one who just puts up a plate. In certain circumstances this may fill a need. There are no laws for or against, nor does it touch medical ethics, but it is usually contrary to the spirit in which wise people have wisely chosen their medical adviser—which custom is the foundation of a sound general practice As a matter of history in this locality, those who have put up a plate where there has been need for a doctor have succeeded, but in other areas the good men have soon joined a busy practitioner—which means there has been purchase—and the more indifferent have removed their plate and gone. Neither a good doctor, nor a bad one, squatting, can live on air, and self-advertisement is not cheap, at any rate financially

Looking back, reflecting on this question as to whose patients were they, reminds me that a friend of mine, soon after becoming a junior partner, was called in to the child of a distinguished lady who was a stranger to the practice There was no ethical difficulty The lady had notified her former doctor that she proposed to make a change, and one which was not related to the present illness After about fourteen days, when my friend was saying good-bye on the doorstep because recovery was complete, the lady told him not to consider himself her doctor Although he

to have much unhappiness in life, but often enough the trouble begins with some verbal misconception To avoid this *is not just* a matter of self-interest for the medical man It is important for *his patients*

George du Maurier, in late-Victorian times, drew pictures in *Punch* entitled "Things One Says Without Thinking" A medical man must be sufficient of a psychologist to recognise such remarks when made to him A harassed woman once said to a friend of mine, "We've had nothing but trouble since you came into the house" The doctor must not let such statements—to use the words of Sir Thomas Browne—stretch his *pia mater*

(2) Whose Patients are they?

In the year 1944, when the British Institute of Public Opinion sent a questionary to the members of the medical profession, it was rather surprising to find that no group of doctors showed a majority who approved of the principle that general practices should be sold or purchased

We know that a change of view came subsequently, but I believe the first opinion did credit to the altruistic traditions of the profession because in cold print this buying and selling does seem *rather commercial Moreover, perhaps, it had become too much* [illegible] When it became [illegible] any capital or [illegible] the position of the vendor was strengthened at the expense of the buyer I believe I voted that the custom should be abolished It is possible, however, to argue that for the patients in general it was a good system

I have lived long enough in one district to be able to say that I have seen at least a hundred thousand patients sold and bought—certainly no less When one comes to think of it, what better chance will a family have, that they can rely upon a faithful family doctor, than the guarantee that he paid for the opportunity *of looking after them In most cases he stays in the district progressing in character and experience. If he does not hold the practice he bought there is no one injured but himself* When he goes for a holiday he must find someone to look after his patients,

To enter a practice is an adventure which brings no great surprises, though there may be strain and anxiety about the future. But quite a number of successful doctors have failed to foresee the philosophy of selling In those happy days of horse-drawn traffic, it was said that the carriage kept the doctor, and when advancing years drove him from the open dog-cart to the closed brougham, some people said it was the first nail in his coffin If a man over fifty years of age takes a junior partner, with a view to succession, he must be prepared for something more or less like a nail in the coffin of his reputation. Always in former times he was missed when he went upon his holiday, but now the most loyal junior is compelled to be something more adequate than a stop-gap

Forty years ago this was my lot. A patient would say, "Has the doctor gone away?' When I answered in the affirmative there would come the response, "Not for long, I hope" What could I say but that I was afraid the patient would be quite well again before the doctor returned?

Family practice is an individualistic calling Not to be missed by the patients is the beginning of the end A wise and loyal junior will keep the practice focused at the original house, with the senior interested, but by the time messages come through asking that 'one of you" will call, it is the end of the beginning for the junior and he will do better when his senior leaves Dual responsibility may foster indecision but in any event, if the medical facts are agreed upon, no two doctors express their personality in the same way

The Englishman is generous to the visiting team when he knows their worth. He wishes to see a Bradman make a hundred or a Bobby Jones break the record of the course, but essentially he does not believe in those unknown. In Lancashire, a most hospitable county, they used to tell a story of this simple conversation [illegible] Native Stranger" [illegible] ad." When we hear [illegible] we instinctively think that the doctor is probably a very ordinary fellow, but we should respect the spirit which illustrates the importance of claiming a particular medical adviser as one's own Buying and selling

was a little startled, he really thought it very reasonable, so he cheerfully agreed on the understanding that she did not consider herself his patient He attended, off and on, herself and the family, both before and after return from the first World War At the end of about twenty-five years he asked, one day, if he was still "on appro" The story has point, if it be accepted as a tribute to mutual loyalty of patient and doctor

Our generation believed that the patient should have a free choice of the doctor, and perhaps even more important that the doctor himself should be free to choose, but we considered chopping and changing detrimental to good doctoring

I can think of one colleague who was an artist as a stop-gap He knew who were his own patients and, if he saw one of mine in my absence, he had an exceptional gift for doing the right thing without disturbing the accepted doctor-patient relationship His example [illegible]

[illegible]

purchase of a practice but of course a particular layman may believe that he himself could never be so transferred I was sitting once outside the club-house of a golf course when a business man, in reference to a newly arrived young doctor holing out on the last green, explained to me that when his own doctor retired no new doctor would purchase him Fifteen years later it was an accomplished transaction and my golfing friend, on both occasions, was in the hands of a good doctor

Perhaps when the questionary came from the BIPO, doctors felt that it did seem undignified to sell a rich colliery owner, just like a truck of coal, or buy a tape manufacturer as it might be by the yard Nevertheless, with that happy English knack of custom being wiser than theory, I have seen these transactions go through with mutual respect and benefit

Before the days of the National Health Insurance Act, I think there were fewer partnerships, except in the temporary sense of a three or five years' introduction to the practice In some ways these old individual practices kept the doctor-patient relationship all the closer

To enter a practice is an adventure which brings no great surprises, though there may be strain and anxiety about the future. But quite a number of successful doctors have failed to foresee the philosophy of selling. In those happy days of horse-drawn traffic, it was said that the carriage kept the doctor, and when advancing years drove him from the open dog-cart to the closed brougham, some people said it was the first nail in his coffin. If a man over fifty years of age takes a junior partner, with a view to succession, he must be prepared for something more or less like a nail in the coffin of his reputation. Always in former times he was missed when he went upon his holiday, but now the most loyal junior is compelled to be something more adequate than a stop-gap.

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practices—which essentially means patients—sounds almost like slavery It is quite possible, however, that neither patients nor doctors will have the same freedom if the purchasing of practices ceases

In thirty-seven years' experience of visiting medical wards in more than one hospital, I have seen some changes in the question as to whether the patients were my personal responsibility In the earlier years there was no doubt about it—nor has there ever been in a voluntary hospital But even here there has been a tendency to change which requires consideration When a diagnosis was based almost entirely upon the history and physical signs, one examined the new admissions soon after arrival and in this way was quickly in touch with the whole case, both physical and mental As time progressed, and methods of investigation multiplied, there was a temptation to neglect a patient until the relevant evidence was available Perhaps he or she scarcely realised who was in charge This was bad for the patient and worse for the visiting physician It is an error which may be in evidence in a diagnostic clinic I am convinced that patients newly admitted should be seen by the physician reasonably soon, so that they may know under whose care they have been placed In modern medicine we are driven into making some investigations which may raise the consciousness of some particular part of the system A hospital patient should be in touch with the medical mind responsible for assessing the whole case, at the first possible moment In hospital, as in private, they should know whose patients they are.

In municipal hospital work I have enjoyed visiting the wards when the patients were not definitely allotted to my personal care I do not wish to discuss in detail how much this seemed to limit the scope of the work, but when they are officially placed under the physician, the ward lights up on his arrival The Sister of the ward becomes his trusted colleague and the patient is not distressed by the dilemma of not knowing to whom he may put his questions

There is experience to be gained in personal relationship if one acts as doctor to the nursing staff of a hospital. One may assume that each individual nurse is prepared to accept the situation but

here is added responsibility because she had little freedom of choice. With all the facilities of a hospital available, the doctoring is less responsible than in private practice, but in some decisions tactful understanding is required, by reason of the fact that the patient was not completely free to choose her medical adviser

During the years in which I have practised our patients have known to whom they are entitled to look for immediate medical service In Kipling's address, "A Doctor's Work," given to the Middlesex Hospital in 1908 he said ' Nobody will care whether you are in your bed, or in your bath, or in the theatre If any one of the children of men has pain or hurt in him you will be summoned, and, as you know, what little vitality you may have accumulated in your leisure will be dragged out of you again " To accept that spirit for a general practice may have made it more worth-while. If the sale and purchase of general practices be abolished, will the profession expect to give a service less personal? And will a particular individual sometimes ask the question—Whose patient am I?

There may have been some sections of the community or some districts which our medical service has not reached, but for the bulk of the population I am prepared to argue that the buying and selling of general practices has been a satisfactory solution of obtaining a loyal personal service for the average family or individual.

If the politician and reformer have decided upon some sweeping changes in the medical service of the country, it would seem to be inevitable that young men must enter practice without purchase. I have attempted to illustrate the service as I knew it. If the new service shows shortcomings in some directions, as well it may, I only wish to state that it must not be claimed as a set-off that the public have been saved from the indignity of being bought and sold like chattels because for those members of the community whom it concerned the results were excellent.

(3) When to be Hard of Belief

In Mark Twain's account of his adventurous ascent of the Riffelberg he discussed the value of his barometer, but concluded, ' I did not wish *to know* when the weather was going to be good,

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When young women suffered from chlorosis there was therapeutic value in "Pink Pills for Pale People"—although the dose of iron would not be adequate for the hypochromic anaemia more common in these days Our patients, however, believed in the virtue of colour. Red wine was supposed to regenerate the blood in convalescence Red flannel was in vogue as a protection for "weak chests" and, of this material, some women found virtue in garments the mention of which would have brought a crimson colour to the cheeks

Possibly the therapeutic value of red colouring was based on the old tradition that red garments and red curtains for the room were the recognised treatment for smallpox. John of Gaddesden, who had studied at Montpellier and had a busy London practice at [illegible] health measure, "to keep their bedroom windows closed, to sleep on the right side with the head high and to wear a scarlet night-cap."

Quite apart from colour, however, many people had faith in "chest protectors" They had stood the test of time—perhaps in wash-leather or sometimes as a starched linen dickey. These were in use when I entered practice. And there still remained a few patriarchs with long flowing beards, which had been prescribed by a Victorian doctor to keep the wind-pipe warm, as in the case of Mr Septimus Small in *Aunt Juley's Courtship*, the scene of which Galsworthy dated 1855

In the eighteen-nineties anaemic-looking youths would walk through foggy streets wearing a black pad, called a "respirator." [illegible] century, led by the girls, youth soon cultivated a ruder type of health, with no respect for respirators or chest protectors—nor for beards, which eventually were held in such little esteem that they were counted, sometimes, as trophies in a game called Beaver

what I wanted to know was when it was going to be bad, and this I could find out from Harris's corns" I have a medical friend who assures me that his wife has a corn which is quite reliable in this direction

Now the medical profession, amongst themselves, know the importance of exercising a wise scepticism about the significance of subjective symptoms and about both causation and treatment of disease But the family doctor, ploughing his lonely furrow, may find it difficult to know what to believe One elderly doctor, wise in his generation, used to say, "Never disagree with your patient" This is reasonable, if it means that argument or dispute should be avoided, but some doctors listen to fads and fancies until their credulity is imposed upon by repetition

It must, I think, be true that many forms of joint trouble and fibrositis tend to be worse in bad weather but the temptation of the family doctor is to acknowledge some cause of a particular complaint when in reality he is ignorant of the aetiology It is so reasonable for his patients to ask how they may avoid the trouble We may take pride that we know the cause of typhoid fever, or of tetanus, and are able to explain how the infection enters the system, but in the daily round we meet some difficult conundrums which are of more everyday interest to our patients

When I commenced practising many people believed that haemorrhoids developed after sitting on a cold stone, that sciatica might be due to a draughty water-closet, that hip disease resulted from lying on damp grass or that jaundice was the result of a chill I am not in a position to say as to whether these aetiological fancies came from the experiences of individual patients or from medical men who had gratified the natural craving for some answer to a reasonable question It is one of those insoluble problems in origin, comparable to that of the owl and the egg But some of it came from the doctor There was a boy in my dormitory at school who wore a Jaeger abdominal belt, prescribed medically to prevent the recurrence of jaundice If I say we called it his "guitar case," it is possible to recognise a rather feeble play on words Our modern conception of infective hepatitis would discard an abdominal belt as a prophylactic measure, but it is not yet proved that one attack of the infection protects for the future

the artisan would run about the streets in winter, just after the fever of measles had subsided, and notices from the public health office, posted as a warning, proved a valuable aid. At one time it was the custom to take children with whooping-cough, in all weathers, for a walk round the local gas works I am unable to say by whom this was first prescribed, but I soon learned that exposure to wet or cold for these children was a cause of bronchitis or broncho-pneumonia, which frequently led to chronic lung disease

In late Victorian days I heard a woman say that if she called the doctor in "he made a case of it." No doubt he believed that she expected some little display of that nature, and, equally probable, he felt he would be blamed by the neighbours, if some indisposition turned into a "case," when he had not undertaken to visit again. In Edwardian times some of the medical ritual was being relaxed and then the first World War, with doctoring "cut to the bone," freed the medical adviser from considering many details which his seniors were expected to take seriously Equipped with more knowledge and with ancillary services, he could afford to shape his beliefs according to his own experience and there was less risk of falling into the errors of some popular fallacies

For some time, perhaps, he did not listen carefully enough to what his patients had to say and teachers of medicine had to remind the profession that they should ask the opinion of a sick person as to what might have brought on the complaint.

Some patients, particularly the elderly, may have wise conceptions One old lady used to tell me that her "heart cough" had developed. I believe it was the earliest indication of some pulmonary oedema.

How often, with a cardiovascular system which did not respond well to exertion in those who were tired, have I been told that the day began badly but that later on there was improvement. This is in contrast to the story of definite heart disease. It is, of course, in no way related to a "hang-over" and I am not discussing those who take hypnotics. I should conclude that a tired circulatory system (shall we call it neurocirculatory asthenia) gets a rest in the prone position during the night, that it remains

A fellow student of mine once said that he wished a family doctor would write a book which explained the difference between fried and steamed fish as fare in the sick-room, and all that kind of lore We could see his point We had spent several years studying disease and studying patients as individuals, but there was a big gap between our knowledge and what we had heard from the doctor in our own homes when some member of the family was ill

Perhaps one of our teachers would have told us that a mother would expect us to know how many teeth a baby should have at ten months' old (There were no pediatricians in those days and we should have been too discreet to ask him to tell us) We may have been instructed as to the right temperature of a room, or obtained some hint about a suitable climate for an invalid, but we wanted facts from the family doctor, who had always seemed to us so confident and full of knowledge

Brought up in spacious Victorian days with a mother, a nannie and a cook, we knew that illness began with arrowroot and milk and rusk, progressed to chicken broth, followed by milk pudding, next came steamed fish and finally a mutton chop, by which time a boy might reasonably expect to get into his trousers and to mischief But we wished to read of these rules in print

And yet, I think, when we went into practice, we soon discovered that we must guard ourselves from accepting household medical rules as if they had real scientific foundation To some extent they were sound in origin but much of the ritual could be curtailed

Like other people, I think we found it best to cut our coat according to our cloth When it was possible to plan a convalescence carefully graded, the mother would usually make most of the suggestions, but in other homes no great harm would come from relaxation of the routine in many ways In my practice I soon learned, however, that after an evening rise of temperature it was essential to have the next day in bed, that it was all experience and also good discipline for a child to learn to stay there, that following an attack of diarrhoea suitable foods must be prescribed for a few days, and that both measles and whooping-cough must be treated with respect I can remember a time when the child of

in the vulgar tongue would increase both real and imaginary diseases He was referring to serious works directed to the medical profession. What would he think about some of the Health propaganda which comes from the platform or the Press in this twentieth century?

My generation has been practising amongst a disease-conscious people The recruits for the 1914 war, for example, gave their medical history in a simple manner, but some of the 1939 recruits were prepared to begin at the beginning—as it might be with the statement that they "cut their teeth with the bronchitis" Recently a [illegible]

evidence of any chronic disease it is nonsense

Perhaps this kind of thing is partly attributable to school medical examinations In some clinics the presence of a family doctor might be a valuable corrective In the introduction to *Science and Health or a Key to the Scriptures*, attributed to Mary Baker Eddy, we may read the words "Doctors increase diseases by talking about them"

Amongst ourselves we sometimes hear the criticism that clinicians think too much about disease and not enough about physical fitness, but I think most family doctors carry a good deal of wise advice on their daily rounds, but believe that it can only be prescribed individually and not in the lump

During the last forty years there have been great changes in the amount, and in the kind, of medical and quasi-medical knowledge which reaches the layman When I first went into practice there were a few odd books about read by odd people. One might call at a house where some crank of a father was studying a volume called *The Family Physician* It was just as well to know what he and the book made out together about the illness in question, but it did not increase disease

I am not very experienced about the Health Week or health lectures or about newspaper medicine, but for a variety of reasons they fail to achieve their object. Largely perhaps because they reach those who are already too conscious of themselves I am ashamed to say that I never heard Miss Marie Lloyd sing, "A

relaxed on rising, but eventually becomes keyed-up to more exertion as the day progresses. A somewhat fanciful suggestion; but if you exclude excess of tobacco and other detrimental habits, my idea makes a reasonable working hypothesis, because not to be in good form in the morning may be an early indication that health is deteriorating and that life requires reorganising.

What shall we believe about some of the fancy diets which our patients assure us are beneficial? First I think that, in many cases, these people are less strict than they would lead us to suppose. And secondly, apart from cranks and faddists, there is a type of man who fusses about his health and his affairs, wondering how some particular dish will suit his digestion, till he makes that system self-conscious, in which event, if he decides upon some *special food (no more digestible in reality) his consciousness of* choice cancels out the self-conscious stomach and there is peace. But, often enough, we find in a year or two that it is some other regime which suits him.

[illegible] thought and spoke very [illegible]

but the spirit might be correct. When Chesterton's Father Brown explained the secret of his success in detective efforts, he pointed out that he did not study the criminal from outside but tried to think his thoughts and get inside him. These doctors had got inside their patients. True psychologists, who could have said with Kipling—"The lives ye led were mine."

Gradually times changed and we found that our patients talked to us *in quasi-medical language. To obtain* a correct history, there was need to make them speak in simpler terms—to speak of symptoms and not of diagnosis. Of some of what we hear we [illegible]

absorb it in a form translated into medical terms which *he can* make intelligible to his colleagues.

(4) The Platform and the Press

It was Nicholas Tulp, some time about the middle of the seventeenth century, who said that the writing of medical books

the daily Press It would be a delicate undertaking to discuss this in detail and one might get into deep waters, but with newspapers and drug firms taking an interest in scientific medical publications the waters are deeper than they were thirty or forty years ago

When Blériot flew across the English Channel in 1909 Lord Northcliffe's famous head-line may have been justified "England no longer an Island" But many head-lines miss the mark, although they may suggest something sensational That is just the trouble with medical head-lines They tend to destroy all sense of proportion, so that family doctors and other clinicians may find it necessary to correct some errone [illegible]

home a lesson to a medical audience, may be quite unsuitable for the daily Press or the head-line

As long ago as 1905 history was made in this connection There was something in the papers about "Too Old at Forty" Some American doctor, it seemed, had been giving his opinion, and sober citizens were up in arms, writing to the papers to explain how many men had done valuable work at a more advanced age The lay public did not understand the situation But the truth is very simple The greatest physician of the time was leaving the Johns Hopkins University so that he might have a life less strenuous at Oxford. In a particularly graceful and witty valedictory address he made his excuses about his own age, and referred to Trollope's fanciful suggestion about chloroform at sixty Everything he said went direct to the hearts of his hearers as being in good taste with apt illustration and fitness for the occasion. But the newspapers of two continents ran it as a stunt, with head-lines such as "Osler Recommends Chloroform at Sixty" It should be a classic warning

It is possible, with a medical audience, to drive home some point about the progress of medical science with a jocular suggestion that some members of the profession will have less work to do or gain smaller financial rewards But this is not suitable for the head-line in the newspapers, of which there was one recently in relation to penicillin In 1902 a fellow resident and I were

little of what you Fancy does you Good", but the sentiment is one which might be quite beneficial to those who attend health lectures In more recent years the cry has been for positive health, but this should be prescribed in moderation and one must not seek health too assiduously The old doctor in Stevenson's story, *The Treasure of Franchard*, has the right idea, in "Hygiea and moderation, let these be your watch-words in life "

No one could decry the obvious laws of hygiene And Samuel Butler, in *Erewhon*, taught a valuable doctrine, that to be ill was an offence to be punished Good health is of paramount importance It is reasonable that the public should seek advice as to how good health may be achieved A good doctor, often enough, has to prescribe a well-balanced life and this is not easy from the platform One would not presume to preach, but it is possible that the present need is for the development of good character Family doctors during my time have known that the right character and good health are bound together, although we know well enough that the *Erewhon* philosophy cannot be carried to its logical conclusion, because most of our patients who are seriously ill are the victims of misfortune

About thirty-six years ago the account of a health lecture appeared in the local paper It contained a statement that as much nourishment was present in a herring as in two mutton chops If it was true then, I suppose it is true to-day At the time I wondered how the doctor knew In any event it would seem to be a statement both cheering and safe Of more recent lectures, one has gained the impression that they contain much more exciting food for the mind about microbes and toxins and such small goblins

To advertise prophylactic immunisation against those diseases for which we have a satisfactory method is sound enough, but the lecturer who gets a head-line in the Press, "How to avoid influenza," should, if he falls a victim himself, be sent to *Erewhon* to receive some kind of correction

I have not studied newspaper medicine in detail and no doubt many of the articles are quite reasonable, but perhaps these really need a medical training to make them intelligible It is only in recent years that we find extracts from the medical journals in

the daily Press It would be a delicate undertaking to discuss this in detail and one might get into deep waters, but with newspapers and drug firms taking an interest in scientific medical publications the waters are deeper than they were thirty or forty years ago

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Quite apart from these considerations, however, we must realise that some light or humorous allusion, which would drive home a lesson to a medical audience, may be quite unsuitable for the daily Press or the head-line.

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It is possible, with a medical audience, to drive home some point about the progress of medical science with a jocular suggestion that some members of the profession will have less work to do or gain smaller financial rewards. But this is not suitable for the head-line in the newspapers, of which there was one recently in relation to penicillin. In 1903 a fellow resident and I were

talking to a generous business man, and were rather startled when he said that a man entered a profession or business to make as much money as he could. We had reached the mature age of twenty-five or so with our ambitions still intact to do a good job of work and progress in our calling without much consideration of financial gain. Of course I know that Rudyard Kipling in his address on the *Values of Life*, given to the McGill University in 1907, said: "If more wealth be necessary to you, for purposes not your own, use your left hand to acquire it, but keep your right for your proper work in life" He could understand a harmless joke about a new discovery which would benefit mankind being unfortunate for some individuals in our profession; but we should not extend this compliment to the average reader of the daily Press.

Perhaps Nicholas Tulp did not mean us to take too seriously his idea that there was danger in substituting the vulgar tongue for Latin. But in [illegible] by Tulp of h[illegible] works of Ar[illegible] of a fracture of the femur and became so alarmed that he went out of his mind.

The story does point the moral that some books are only suitable for scholars who can understand them It is easy to say that, scholar or no, the patient should have called in his family doctor. And this brings us back to the question of medical advice from the platform, which goes over the head of the family adviser direct to the public. A few years ago two maiden ladies called on a physician to ask him if they were already suffering from cancer. They had begun to eat large quantities of carrot to prevent this misfortune, but as they had only learned this important fact quite recently, at a health lecture, it was reasonable that they should seek advice as to whether their knowledge had been acquired too late

I would not presume to advise anyone about the responsibilities of giving medical advice from the platform or in the Press; but I would warn them against the temptation which prompted the Fat Boy in *Pickwick*, down at Dingley Dell, to shout into the deaf old lady's ear trumpet: "I wants to make your flesh creep."

(5) Ought we to smoke Tobacco?

When R. L. Stevenson advised young women against marrying a man who did not smoke, he added the words, "whatever makes for lounging and contentment makes just as surely for domestic happiness" But then, of course, in 1881 the girls themselves were not allowed to smoke, so that the better half of to-day's conundrum was outside his province And, moreover, in his day the cigarette habit had not developed—a smoke to which one does not settle down

It would be easy to preach a sermon on the evils of "lounging and contentment," but these traits, to live with, may be classed as virtues when contrasted with restlessness and discontent

Instinctively I feel that tobacco is a poison, but in spite of the fact that I have been qualified for over forty years and have smoked a pipe for fifty, I have no scientific evidence to offer with regard to moderate smoking

Without entering into the various well-known clinical possibilities may I submit this letter written in 1943

To the Editor of the *Gazette*

Sir—I have been reading Dr T L. Hardy's scientific and instructive article on the 'Clinical Aspects of Tobacco Smoking" in the *Guy's Gazette* for April.

I have carried my mind back forty years to the time when I was medical registrar at Guy's and students sometimes consulted me about tobacco in relation to themselves Perhaps the advice was sought as coming from one who made his fair share of runs and scored a few goals, rather than from respect for medical knowledge.

I am not concerned with juvenile smoking—which is schoolboy swank—but with the problem of tobacco-smoking for the student who has reached those years when he has the responsibility of forming his own habits

Forty years ago I held the following maxims

1 Don't get a fixed tobacco habit too early in life.
2. Ration smoking and don't smoke till after tea-time

talking to a generous business man, and were rather startled when he said that a man entered a profession or business to make as much money as he could We had reached the mature age of twenty-five or so with our ambitions still intact to do a good job of work and progress in our calling without much consideration of financial gain Of course I know that Rudyard Kipling in his address on the *Values of Life*, given to the McGill University in 1907, said "If more wealth be necessary to you, for purposes not your own, use your left hand to acquire it, but keep your right for your proper work in life" He could understand a harmless joke about a new discovery which would benefit mankind being unfortunate for some individuals in our profession, but we should not extend this compliment to the average reader of the daily Press

Perhaps Nicholas Tulp did not mean us to take too seriously his idea that there was danger in substituting the vulgar tongue for Latin But in Withington's *Medical History* we may read an account by Tulp of how a patient with a fractured fibula got hold of the works of Ambrose Paré, in which he read up the complications of a fracture of the femur and became so alarmed that he went out of his mind

The story does point the moral that some books are only suitable for scholars who can understand them It is easy to say that, scholar or no, the patient should have called in his family doctor And this brings us back to the question of medical advice from the platform, which goes over the head of the family adviser direct to the public A few years ago two maiden ladies called on a physician to ask him if they were already suffering from cancer They had begun to eat large quantities of carrot to prevent this misfortune, but as they had only learned this important fact quite recently, at a health lecture, it was reasonable that they should seek advice as to whether their knowledge had been acquired too late

I would not presume to advise anyone about the responsibilities of giving medical advice from the platform or in the Press, but I would warn them against the temptation which prompted the Fat Boy in *Pickwick*, down at Dingley Dell, to shout into the deaf old lady's ear trumpet "I wants to make your flesh creep"

(5) Ought we to smoke Tobacco?

When R. L. Stevenson advised young women against marrying a man who did not smoke, he added the words, "whatever makes for lounging and contentment makes just as surely for domestic happiness" But then, of course, in 1881 the girls themselves were not allowed to smoke, so that the better half of to-day's conundrum was outside his province And, moreover, in his day the cigarette habit had not developed—a smoke to which one does not settle down

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problem so difficult. If I were called in, however, to advise a present-day student about tobacco-smoking, I should say "If you do get the habit, and it is going to stay with you for the remainder of your days, the pipe is the safest smoke."

(6) Relations with the Quack or the Healer

There are some of life's little ironies which may be summed up in a joke or a fable As a case in point there is the old woman in *Punch* who says to her husband—"You take what the doctor gives you and I will dose you with this medicine of mine and we will see who gets you well quickest." The situation is clear The patient is progressing all too slowly Perhaps the doctor has changed his medicine too often. When recovery comes after taking Swamp Root, or whatever it may be, the evidence to her who gave it is overwhelming Great is the reputation of the woman friend who recommended it.

An old man told me the story that, fifty years ago, one of his children was very ill with bronchitis and pneumonia. The doctor stated that the child would not recover When a friend of the family, who was a homoeopathic chemist, called to enquire and heard the news, he prescribed a powder without the doctor's knowledge. It is an old adage—never despair of a sick child—but on this occasion the homoeopath failed to increase his reputation because the doctor's prognosis was correct.

Every family doctor has been told of some patient of his who has been cured with slippery elm or been rejuvenated by taking phyllosan. It is part of the daily round.

Soon after I started in a family practice, I had under my care an elderly man, of some importance, who suffered from osteo-arthritis of the hip-joint. He would come to see me, walking with difficulty and with the aid of a stick. Somewhat to my chagrin I heard, when he ceased to attend, that he was being cured by someone without any medical qualifications But the next time I saw him in the street he was walking with two sticks and he returned eventually to orthodox medical advice.

It is also quite common for the doctor to hear that someone with a sprain has had five shillings' worth from a bone-setter, who

3 Don't smoke at work, except perhaps *one pipe to settle down to reading at night*

4 Limit the usual ration if you are getting less fresh air and exercise, although you may find the temptation is the other way

5 It is easier to ration a pipe than cigarettes

This brings me to my present views and conclusions, in which there is nothing to change in the above suggestions, but these to add

6 Many wise men don't smoke at all I never noticed that they miss anything, unless, perhaps, towards later middle-age and onwards they tend to neglect the benefits of the armchair

7 The cigar is strong and, if worth smoking, is scarcely worth the money As a regular smoke it does not suit the young athlete It is a restful and rationable smoke for elderly men If the teeth won't hold a pipe, and the funds will run to it, cigars may be smoked, in the spirit of Father William's back-somersaults, in the later years of life

8 The cigarette is the great danger The habit is acquirable *young and much more quickly than the pipe habit* It is a short smoke and, like a short drink, gets handed out when a man never meant to have one It is an unrestful smoke, and becomes an urgent need of the moment, whereas the pipe or cigar is worth waiting for until a rest may be achieved For a variety of reasons the cigarette is extremely difficult to ration Perhaps eight or ten cigarettes a day may be the cleanest smoke, but few people keep to this over a period of years

9 *It is comparatively easy to ration pipe smoking* It fits with time and place The exceptionally tough guy who smokes a pipe on a round of golf is comparatively rare, and the average pipe smoker keeps it for a rest after tea in the club-house

10 The pipe smoker lets himself become decarbonised when he is ill The cigarette addict will smoke when his temperature is raised, and too early in convalescence

11 There are exceptional men to whom no rules apply *Although this is not true of the abuse of alcohol,* which always brings some penalty There are wise men who never smoke tobacco It seems rather presumptuous to express one's views on a

If we are consulted beforehand about some form of treatment, each case may be discussed on its merits If we meet with an example of serious disease, where opportunities have been missed, it is unfair to talk might-have-beens to the patient, although one may with relatives Often enough, however, these people are [illegible] discussion with believers in unorthodox systems of treatment. There is no common language between us As a serious contribution I once wrote the fable which follows But I am not unmindful of the words of Sir Thomas Browne "Every man is not a proper Champion for Truth, nor fit to take up the Gauntlet in the cause of Verity"

The Fable of The Superior People

Now when civilisation had progressed a long way, both in good and evil, there developed a sect of people, who were a little bit superior to the rest. They were kind and cheerful, with many excellent qualities, but most of all they took pride that no sickness ever touched them. This was the foundation of their faith; to abolish illness by believing that matter was unreal, and prove their proposition by saying that with this assumption illness vanished, and therefore it was justified.

And a certain man came to one of their meetings, complaining of great pain in his side, so that he thought he had cancer

"But there is no such thing as cancer," said The Superior People.

"I see," said The Man. "Then I cannot have cancer"

"No," said The Superior People "You cannot."

And The Man went away, and returned next week.

"Well?" said The Superior People.

has put something back into place which will make recovery possible Or perhaps, if the accident has been in the hunting field, there will have been a five-guinea fee for an osteopath who practises the same philosophy and method These things have no particular significance I was interested to read of this identical technique, of manipulation first and diagnosis afterwards, in a book published a hundred years ago

When, however, some serious disease due to natural causes has been treated by an unqualified practitioner, or with some spiritualistic mental means, the doctor may be in a difficult position I think he should be sympathetic with the patient With the relatives he must use his own judgment Of the unorthodox practitioner it is best to see nothing I have once come across a "Healer" in a patient's house I thought the patient and the relatives were well-meaning people, but I had doubts about the good faith of the healer—as the Irishman said, doubts, almost amounting to certainty He had a shifty way with him It seemed to me that he must have had a good deal of self-assurance to be taking these people's money, but when I drove him off with a few well-chosen words he showed no courage

It is no concern of the qualified medical practitioner to cover the legal side of these affairs, although he should discuss the question with the most responsible relative If it comes to an inquest, however, the official report does not as a rule contain much wisdom or dignity A certificate of incapacity is more interesting I heard the other day of a woman, under the care of a healer, who at the end of a week asked a doctor for a sickness certificate, which was refused I think this was reasonable

It takes all sorts to make a world and one has to remember that these people may look at things from an unusual angle Some may have been through an unfortunate experience where medical science was at fault—such as a diet limited in carbohydrate when the condition was renal glycosuria I knew one example of this mistake, many years ago, which resulted in a woman taking up [illegible] which it is [illegible] believe this [illegible] dical error [illegible] proved the futility of all medical knowledge

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said "God forgive me, but I would rather be a knave than a fool"

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"Well?" said The Superior People.

"It is wonderful," said The Man "My pain has gone There is no such thing as cancer"

"When you have our faith," said The Superior People, "you cannot be ill, for only Mind exists, matter is unreal"

"I see," said The Man "It is marvellous How I wish I had held your faith before"

And The Man walked home, thinking of Mind only, so that he was knocked down by a motor car, and taken to hospital He was examined by a surgeon, who pronounced his leg broken. "I must put it in splints," said he

"But it cannot be broken," said The Man "I believe in Mind [illegible]"

[illegible] rgeon "You may go home, if you wish"

"But I cannot walk," said The Man "My leg gives way"

"Well, well," said The Surgeon "I will admit you; and put on the splints If your leg is not matter, my splints won't either" And he smiled, as if he had said something witty And The Man passed a painful, sleepless night, and sent for the chief of The Superior People next morning

"How is this!" said The Man "My leg hurts I cannot walk, and The Surgeon says I have broken a bone I do not believe in your faith any more"

"Dear me," said The Superior Person "How unfortunate But we have not told you all You will feel better when you understand Bones are sometimes broken Such things could not be if all the world had our faith, but there are certain evils one of which is a broken bone which the world in general believes in, and doctors more than anyone And, because their belief is so strong, we have to admit that fractures occur, but some day we [illegible] faith is wider and more perfect"

[illegible] It is rather disappointing, but my [illegible] the unbelief of the world at large, and by this surgeon in particular, who put the splints on I should like to break his neck It might teach him a lesson"

"When you have more faith," said The Superior Person, "you will be more calm. I, for myself, do not believe my leg could break"

"I should like to try and break it," said The Man.

"Poor fellow," said The Superior Person. "However, your case is not so very bad. I will go home and give you absent treatment, for now that The Surgeon has set the limb we can heal it for you by this absent treatment. Come to our meeting-place in two months' time and tell me if I do not speak the truth."

And the weeks went by, and the pain ceased, and the splints were removed, and The Man came to the meeting-place, and he said "It is wonderful. First you cured me of cancer, and now you have healed my broken bone. But I have been thinking If the want of faith of the outside world lets evil occur, even unto us, why do we not go away to some small world of our own, where all evil and sickness may be abolished."

So The Superior People thought about it, and decided to go to some island, where there would be no faithless

Now The Man made a Friend in hospital, who was attracted towards The Superior People, because, although he was quite well, the doctors called him a typhoid carrier And The Man's Friend asked if he might come, too And The Superior People said "There is no such thing as typhoid." So The Man's Friend said "Then I cannot carry it?" And The Superior People said "No, certainly not."

So The Man, and The Man's Friend, accompanied The Superior People across the seas And, if any were sea-sick, we have no record of the fact.

And time passed, and the fable ends with a conversation between The Man's Friend and the doctor of a certain ship which happened to call at the island.

And The Man's Friend said "Then all these people are ill, and many have died, because I brought the germs of typhoid fever to this island?"

"Yes," said The Ship's Doctor

"But I thought there was no such thing as typhoid fever, at any rate for those who had no fear, and believed in Mind only, and that matter was unreal," said The Man's Friend.

"It is all a question of words," said The Ship's Doctor "The Superior People, I believe, say that God made everything Let us put it, He made man. Did He not, then, make microbes? A

microbe is as real as man, and they are far more numerous Marcus Aurelius accounted his body a small thing in time and eternity compared with his soul, but he did not call it unreal."

"I see," said The Man's Friend.

"These people at home," said The Ship's Doctor, "were protected from epidemics by medical science"

"But are they not right about fear?" said The Man's Friend.

"There is a great deal in it," said The Ship's Doctor "And the best doctoring drives out fear"

"Is there not much in faith healing?" said The Man's Friend.

"Of course," said The Ship's Doctor "Much of the healing art consists of putting the patient in the right state of body, and mind, to get well But we are all on our last journey from the cradle to the grave, and health and disease are words, like hot and cold, to some extent relative terms"

"Then The Superior People have some truth, but not the whole truth?" said The Man's Friend

"Do you think there is such a thing as the whole truth in this world?" said The Ship's Doctor "But, if I were to preach a sermon on the search for truth, I should say it began with humility"

"And are The Superior People wanting in humility?" said The Man's Friend

"Well," said The Ship's Doctor "Their philosophy claims to rise above what the rest of us regard as the laws of nature which many sects have claimed for the soul, but no one else has denied that the body is subject to natural laws"

"I wonder," said The Man's Friend, "if they would deny your statement"

"You cannot argue with them," said The Ship's Doctor "Words with ordinary meanings have unusual meanings for them I have sometimes thought they had no meaning at all In a serious attempt to refute their philosophy I should be tempted to try my hand at a fable"

Alcohol in its Place

> There is a notion, common among hobbledehoys, that "experience" can be widened by a loss of self-control. . . They assume that every novel step which you take must needs increase your experience and not diminish it. Their algebra of experience recognises only the positive sign. They reckon with no negative experiences. . You always come off a net loser . Your faculty for delight perceptibly enfeebled.
>
> *The Right Place.*
> C. E. MONTAGUE

HE who is presumptuous enough to air his views about any habit is liable to receive criticism which has some personal bias Be he a total abstainer, taking pride in the rudest of positive health, he may be a poor advocate for teetotalism, because there may be others who think that a little alcohol would improve his character

The spirit which says There but for the grace of God goes myself, is not one of frank humility. It may be attractive and encouraging to listen to a man, without false modesty, recounting those things which he can accomplish, but criticism is inevitable of one who claims that something or another makes him what he is

I believe, however, that alcohol [illegible]

Pepys, "Till I was past four score years of age, I could pretty well bear up under the weight of those years, but since that time, it hath been too late to dissemble my being an old man" It was a young lady in *Punch* who said "we can only be young once, or

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I believe, however, that alcohol is dangerous stuff and that a young man should pick his way with care, lest he take more than is good for him. I once heard the statement from a temperance platform that when a man thought he could not do without alcohol, it was high time he gave it up I would agree, although perhaps I would excuse him if he admitted the limitations of old age in the spirit of which Dr John Wallis wrote to Samuel Pepys, 'Till I was past four score years of age, I could pretty well bear up under the weight of those years, but since that time, it hath been too late to dissemble my being an old man." It was a young lady in *Punch* who said ' we can only be young once, or

is it once too often" It is, however, one of the laws of nature that youth is prolonged by abstemious habits

It is a long time since I answered the question on a life insurance form What is your daily habit with regard to alcohol? If I must confess, the answer was one half pint of beer I do not suppose the life insurance companies place too much reliance upon the answers to this question If the medical profession, however, is being called in to advise on matters of health, it would make a good question to ask Under what circumstances, during your lifetime, has it been difficult to keep to your usual abstemious daily habit?

There was once a picture in *Punch* of one man clapping another on the shoulder, with the remark, "I say, Brown, old man, come and have a drink." To which came the response, 'I am afraid you've made a mistake My name is not Brown, but may I have his drink?"

Now throughout life our concern will often come from something deeper—that we wish to refuse a drink when it is legitimately offered The particular experience of one man may be a false basis from which to draw general conclusions, but with this limitation admitted, it may be of interest to review the changed customs during the last fifty years

When I left school, alcoholic drinks in a private house were confined to the dining-room table, or were found in the smoke-room occasionally Perhaps a whisky and soda might appear before bed-time, but a youth was not expected to join in this "night-cap" Even on the occasion of a ceremonial dinner, it was unthought-of to have a short one during the *mauvais quatre d heure* before the butler or maid announced that dinner was served Under these circumstances, it was not conspicuous to be a total abstainer—which I think was important for young girls It was no one's concern but one's own what drink was taken with the meal It was possible to refuse without exciting comment Or one could just take one glass of anything that was going It seems to me that this is changed, since it has become the custom to serve drinks in the lounge or drawing-room It is also altered by the mixing of the sexes and the generations

Much of this applies to a good hotel Instead of two men slipp-

ing off to a quiet corner there is a round of drinks beginning with mother I think this is unwise. She might formerly have shared a bottle of wine with her son at dinner, but of this he was free to choose. An abstemious Scotsman friend of mine, crossing the Atlantic, ordered a whisky and soda for each of us, with the remark that nothing gave the same feeling for less money. There is truth in my friend's levity and it is certainly true, that the effect produced by one whisky and soda, later in life, is directly related to the number that have been swallowed in the years preceding It seems hardly decent to talk of a drink producing a particular feeling, but it is the sober truth. It is this which a mother should remember when she stands her son a drink in the lounge. At her age he will want two or perhaps three.

For a young man to walk his individual way through life is wise enough and fair, but occasionally with alcohol and companionship it may seem almost like taking advantage of one's friends, to keep intact such wits as one possesses, when all around are becoming rather clouded. There are no rules, but the thought should be there. *In vino veritas* contains more than a grain of truth. To have been present at a celebration without joining in to the full, leaves a man with the feeling that he has not exchanged confidence for confidence. Or of course he may find that he is in the wrong company altogether—that is another story. Sir Thomas Browne says "He who must needs have company, must needs have sometimes bad company Be able to be alone"

I have always been grateful to anyone who extended the invitation, "Come and have one with me" Although it has been on very rare occasions that I have accepted. I resent, however, the question "What's [illegible]

[illegible] invitation are a good illustration of a young man's problem. He should walk warily into a situation where anybody can say "What's yours?" As a general measure of education, I think the medical profession might advise that the time, and more particularly the place, where alcohol is served should *revert a little towards* what they were a generation ago Drinks were served in certain well-defined rooms. These were primary

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thing else. One could sail the boat while the others sang. I think it was an easier situation for an abstemious man to handle, than is, for example, the smoke-room of a steamship in these later years when the company is mixed.

Of course, when one thought as a child, the danger of drink seemed to be that a cabman might fall off his box, that the wagonette driver might topple his party into the ditch, that the gamekeeper might beat his wife, or any such exciting tragedy might be recounted. These were events with a moral. I am not thinking of morals now. Some people wore a blue ribbon. Some people "signed the pledge"—some of these broke it. I believe the temperance movement of the late Victorian days did very good work among people, some of whom led very drab lives and frequently took to drink by way of—I will not say "escape," because in those sterner days the teaching was to stand up to life and to win self-respect—but by way of change.

A medical student might think of disease. I remember a bookmaker in Guy's Hospital, who said he supposed he had used his liver up and that he could not get another. There was peripheral neuritis. There was loss of memory for recent events—I do not think we used the term Korsakoff's Syndrome. Perhaps we had in the wards a case of phthisis due to a constitution undermined by drink. Certainly we knew from practical experience that the alcoholics with pneumonia usually succumbed. In more recent years there is our knowledge about vitamin B deficiency in relation to the heart and, I think we must add, that short drinks on an empty stomach are a disposing cause of gastric ulcer. We see less, however, in the way of cirrhosis of the liver and peripheral neuritis as the result of alcohol. It takes our minds back to the days when morbid anatomy was the foundation of the physician's education, to recall the story of Osler's old friend, a newsvendor in the streets of Baltimore, to whom he once handed an overcoat, and to whom he had given many warnings about what alcohol was doing to his liver. When the bibulous old fellow died a will was produced to the effect "I bequeath to my friend William Osler his coat and my hob-nailed liver." About this kind of disease there is some element of judgment.

From my own experience I should say that I have seen a fair

and local, but nowadays they turn up like malignant disease in secondary places

By time I am not thinking of the closing hours of a public house or club It is, often enough, unsatisfactory that a pedestrian or a golfer cannot quench a well-earned thirst after his exercise, whereas his more sedentary fellows may drink round and about lunch-time I have seen, in recent years, young men welcomed in a private house in the morning with a glass of sherry In my experience this is a new custom, but if we concentrate on the place in which it is served we shall cover most of the problem I think it should be in the dining-room or at a well-defined bar In which case we know what to expect

In my time at Guy's there were some Bob Sawyers who frequented the Ship and Shovel public house There was a barrel of beer in the Dressers' Room at the Front Surgery We could order what we liked with meals in the dining-room of the Students' Club, but I do not remember any alcohol in the smoke-room or in the Residents' Common Room We did not have anything in our own rooms I remember that some of us received a sample bottle of an Australian wine, soon after we became duly qualified doctors I believe it "toned the blood," or did something equally important We had been advised so frequently to taste our medicine that we felt in duty bound to sample this—which brings me to the point In the Common Room there were no glasses, so that we drank this purple fluid out of coffee cups I am only discussing changed customs I am not moralising We did not need to make any decision with regard to sherry in the Residents' Common Room, because it was not there

An old lawyer friend of mine, once told me that, long ago, he and seven other young men went for a holiday on the Norfolk Broads They entered a public house where one of the brightest of these boys called for sixty-four whiskies and sodas When the landlady demurred as to the question of whether she could provide so many glasses, he said, " Oh, eight glasses will do, but I thought you had better know at the outset " That is an old story We shall never solve the question of treating It does the past no credit, but it was possible once in a way, to be out with such fellows and slip off leaving them to it One could pay for some-

whose physical condition is slowly deteriorating To be drunk in charge of a motor car is a misadventure, to die of alcoholic cirrhosis of the liver is a tragedy, but the misfortune which overtakes the greater number of those who take too much alcohol is to lose the real joy of indulging themselves in outdoor physical pleasures Or perhaps for other pleasures, such as literature or music, they may find their "faculty for delight perceptibly enfeebled."

I suppose one ought to be conversant with the question, as to which periods in our history would show up the greatest and least amount of alcohol drinking, but I am ignorant of where to find reliable evidence Sydenham spoke of "the terrible habit which we have amongst us of swilling spirituous liquors." Some two generations later, in 1725, the Royal College of Physicians petitioned the House of Commons against "the pernicious and growing use of spirituous liquors among persons of all ranks and both sexes" The outlook seems black, but nearly a hundred years later the nation survived the period, which Arthur Bryant calls *The Years of Endurance*, and it has stood up to two wars of undreamed of strain in this twentieth century In Trevelyan's *English Social History* we read, "But when Queen Victoria died, drinking was still a great evil from the top to the bottom of society, more widely prevalent than in our day, but decidedly less than when she came to the throne."

If the profession is called in officially to advise the nation about how to keep well, the advice with regard to alcohol will be one of the most difficult questions Legislation never gets us very far Forbidden fruit is a temptation. Education is the only satisfactory method. History would suggest that the nation as a whole takes no great harm, but there is evidence that first-class individual specimens of humanity may come to grief. There might be those who would argue that it is the weakling that goes under from this cause and that we might as well get rid of him, which to some extent is true, but from the experience of my observation, I should say that a vivid imagination, a high degree of generosity and personal charm are qualities which make alcohol a danger

The word "escape" is a new label for a very old notion. We know all about the dangers of alcohol in that connection. In a

number of those who have got into a social scrape through alcohol and rather fewer who have died because of drink, but I have seen a large number who have thought that if they steered warily between these two disasters they would not come upon the rocks themselves It seemed there was no one to warn them that steady but moderate drinking would bring a "slight flavour of decay" (as found in Deacon Brodie's vehicle) many years before old age was due I once played a round of golf at Hunstanton with a schoolmaster who told me that a friend of his, sitting in the club-house, put his glass down empty, and said that he had been playing golf for twenty years and had never once played his real game He had the right spirit there I have a friend who says, "Golf's like life, you start with such bright hopes" A little of something that encourages, once in a way, may be quite beneficial

When a young man goes for a holiday he may be faced with a real difficulty if some nice people in the lounge seem to think he is a kill-joy because he does not share in their festivities But why should they kill his joy, if he gets it by a swim before breakfast with all nature at its best Suppose he would rather munch some sandwiches in the shelter of the rocks, just below the top of a mountain, than have a drink and first-class lunch in an hotel I would not say that he cannot enjoy his open-air pleasures for a few years, and join the loungers as well, but he will not get the same pleasure out of them, and a time comes—sooner than he may realise—when he must choose one or the other If he elects for the top of the mountains, he need not stay there—though he will as long as he can But if he chooses the lounge, there he will almost inevitably remain

You may hear one such elderly lounger telling his children about some exploit of his youth on Snowden, or perhaps how he climbed the dark brow of Helvellyn, risking his life and limb up Striding Edge As the story grows, it almost seems that he might have scaled the Matterhorn without a guide If he had kept to the top of the mountains, however, he could have retraversed that same old family scramble with his children

It is one of life's little ironies that the man who frequently hears the words "Here's your very good health," is probably one

concluded with the words, "the parson preached three Sundays running on the sin of beer-drinking, to children who'd never 'ad any and wimmen who couldn't get it."

I am only discussing the change of the customs with the times, and perhaps a little bit with altered circumstances due to what is called the emancipation of women. One or two mothers have told me that sons will not take advice. There is a time for everything When Lord Chesterfield wrote to his adopted son, "Fuyez le vin, car c'est un poison lent mais sûr," it is quite probable that the warning was not heeded, but perhaps a father, who has just won a foursome with his son, or is sitting with him on the top of a mountain, is in a better position to drop the right hint. C. E. Montague in his volume *The Right Place*, when discussing abstemious habits, uses the words "This is no tract upon morals It is a handbook of pleasures."

volume called *A Medical Sketch-Book*, published a hundred years ago, there is the story of a Lancastrian who was frequently brought before the magistrates for drunkenness One day a magistrate asked for an explanation He received the reply, "It is the quickest way out of Manchester" In modern phraseology—escape Samuel Johnson was enlarging on the subject that man is never happy at the moment Someone had quoted, "Man never is but always to be blest." Johnson concluded—"never happy but when he is drunk" I can remember a schoolmaster who went to the railway station every Sunday night (stations were open then) to see the express trains arrive and depart Steadily, as the evening

very old story but sometimes worth bringing out.

It is a good thing for the generations to mix as they do now, and as they did at times when I left school I think, however, in those former days, that Old Father William drank a peg or two in which he did not expect the young man to join If Father William incessantly stands on his head, or turns back-somersaults in at the door, there is no harm done, so long as he does not disturb the rest of the family But he must live up to the tradition that it is his duty to explain that he did not indulge in these frivolities when there was reason to assume that he had a brain which might be injured or limbs worth keeping supple

Mrs Battle believed in a clean hearth, a clear fire and the rigour of the game when she sat down to whist The Victorian housewife, who knew how to specialise in making a home comfortable, believed in a place for everything and everything in its place—although she expected some derangement when her sons came home She knew that it was possible to be so strict with boys about alcohol that they might resort to clubs or public houses,

flower Inn told the story of *A Garden Plot* (W W Jacobs, 1901) he described the silver teapot, which was the first prize at the Flower Show, lying in the road smelling strongly of beer and

but it is of interest if two vessels contain the same ingredient. Mr. Justice Holmes once wrote to his friend Sir Frederick Pollock. "I told you, I believe, that late in life I discovered Montaigne and have read him with enormous delight. The beast knows a lot of things that I had fondly hoped had been reserved for me."

My generation, who, at school, tried hard to perfect our handwriting by copying out such maxims as "Honesty is the best policy," were enchanted with the healthy philosophy and charm of Robert Louis Stevenson, who could hint at something rather less mundane. We appreciated the way in which he could go one better than some staid philosopher, as for example, "Benjamin Franklin went through life an altered man because he once paid too dearly for a penny whistle. My concern springs usually from a deeper source, to wit, from having bought a whistle when I did not want one."

And then there was Rudyard Kipling, not only telling new tales, but a master of ideas and phrases that would remain in the mind. Or to use his own expression—"words that may become alive and walk up and down in the hearts of his hearers."

No doubt it would be possible to turn up a Dictionary of Quotations to find a thought which fitted any theme, but, for these reminiscences, it seemed best to draw upon old friends of all of us, like Boswell, Oliver Wendell Holmes, Sir Thomas Browne and Dickens.

I have been grateful in my time to a number of people who have recommended some book, although occasionally this may appear to set a task. For this reason it may be more attractive to have a hint put before one, which tempts towards the seeking of a better acquaintance. Perchance this might apply to a reference of mine from William Penn or C. E. Montague.

Those who see wisdom in every page of *Alice in Wonderland* and *Through the Looking Glass* will understand my allusions. We all know that *Punch* is "not as good as it used to be—and never was", but there is a history of medicine to be gleaned from the volumes, and we should not value Mr Punch so much for wit as for his kindly wisdom.

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"Tell me, ye learned shall we for ever be adding so much to the bulk—so little to the stock?
Shall we for ever make new books, as apothecaries make new mixtures, by pouring only out of one vessel into another?'

TRISTRAM SHANDY

PERHAPS it is unreasonable to use the words "make new books" in connection with this modest offspring It was in the novel *Mr Midshipman Easy* that the unmarried wet-nurse said, by way of excuse to the admiral's wife, "Please, Ma'am it was only a very little one "

In writing a scientific article, we collect first our own material and then read what others have written The simplest method is to make notes on separate sheets under various headings In so far as there be any original work it will stand out from the rest, even if it is no more than confirmation of someone else's study

It is hard to know what is original if one quotes from books which have been read many years ago or ventilates some idea which has been long in the mind There is a lesson in the *Story of My Life* by Helen Keller (But perhaps she is forgotten, although Mark Twain, in one of his most serious moments said that the two most interesting characters of the nineteenth century were Napoleon and Helen Keller) She was blind, deaf and dumb but educated with the utmost patience She produced a story for publication, which she and her teacher believed to be original, but the event proved that it must have been stored in her mind as

that "a thought is often original though you have uttered it a hundred times It has come to you over a new route, by a new and express train of associations "

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the radical moisture—You have proved that matter of fact, I suppose, above, said Yorick. Sufficiently, replied my father" Which teaches the same lesson, and also gives a hint that he who propounds some hypothesis may be impatient of criticism.

When "apothecaries make new mixtures" they should have regard to taste. But palates vary and time was when a patient might ask the doctor for a little less peppermint or rather more ginger Perhaps it will suffice if the essential ingredients are honestly meant for the best. Where there is colouring matter, in the way of fable or of fiction, it is seriously intended. If some things are difficult of solution, or do not readily mix with others, one hopes that sediment and froth have been avoided, and that the mixture, taken as a whole, is something better than a placebo and more convincing than an alterative.

I once went home to lunch with a fellow student His father came into the room, shaking his head over a bottle of medicine which he had just made up He said he was treating a case of pleurodynia for which he was dispensing a new mixture and there had come down a precipitate He shook his head over us because we had passed an examination in pharmacology but could not advise him how to make a clear solution, but he concluded, 'Never mind, she will have to shake the bottle."

Kipling said at the Royal Academy Dinner in 1906 "Now we desire beyond all things to stand well with our children, but when our story comes to be told we do not know who will have the telling of it."

One who is no sort of apothecary at mixing words need not fear that a few reminiscent thoughts will carry any responsibility to another generation. At the best it is probable that my preparation is no better than a decoction, which solutions, the textbooks tell us, should be fresh prepared as they readily decompose. But had it been possible to catch the right spirit of medical practise during the fleeting occasion, from about the time when the South African war began until V-J Day in 1945, it would have been reasonable to conclude by saying that the facts change but the true spirit does not alter

temporaries, but it was his writings with which I was familiar although I have also drawn upon the *Memoirs* of Sir James Paget For the next generation there is Harvey Cushing's *Life of Sir William Osler* and Sir William's own addresses A young doctor once asked me what had Osler done The answer is that he both lived as a physician and practised the art in such a way that those with whom he came in contact could not fail to learn something of the right spirit and have a faint hope that it might live on in them

Of medical writings between the two wars I have quoted from *The Collected Papers* of Wilfred Trotter Although I am grateful for the friendship extended by many physicians of this period, from whom I have learned much, I cannot tell whether these thoughts and reminiscences would receive their approbation

In using detective fiction I find that I am in good company Mr W M Mollison in a paper entitled *Teaching* has used similar material And in using fiction of any kind one has the liberty of touching on one aspect of a subject, without committing oneself to the assumption that there is no other

No apology is needed for cricket quotations We do not all play but it is still our national game, and the most famous cricketer of all held a medical diploma

And how about *The Life and Opinions of Tristram Shandy, Gentleman*? I think his opinions, in 1759, may be used as an illustration that the wisdom of philosophers, before and after, all down the ages proves that human nature does not change The same thoughts may keep cropping up and perhaps he who first expressed one of them in writing may have picked it up from someone else who spoke it

John Ruskin could write "tell me what you like and I will tell you what you are" Did he get it from *Tristram Shandy* where we read ' but in a word, I will draw my uncle Toby's character from his Hobby-Horse" ?

One of my teachers at Guy's used to say ' Never believe a man for what you know he cannot know " When Mr Shandy senior read aloud the words, "The whole secret of health depending upon the due contention for mastery betwixt the radical heat and

the radical moisture—You have proved that matter of fact, I suppose, above, said Yorick. Sufficiently, replied my father" Which teaches the same lesson, and also gives a hint that he who propounds some hypothesis may be impatient of criticism.

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Printed for H. K. Lewis & Co. Ltd. by
Hazell, Watson & Viney, Ld., London and Aylesbury